A Guidance Document for the Promotion of Positive Mental Health and Wellbeing

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

hi Healthy Ireland

Connecting for Life

Contents

A Guidance Document for the Promotion of Positive Mental Health and Wellbeing (2016)
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Foreword

Within the policy context, one of the actions outlined in *Connecting for Life: Ireland's Strategy to reduce Suicide 2015-2020* is to "Develop and implement a National Mental Health Promotion Plan". The HSE Health and Wellbeing Division and the Department of Health have been allocated lead responsibility for the development of this Plan. This National Plan will outline a series of evidence based actions to promote positive mental health and mental wellbeing across the population and throughout the lifespan. This Guidance Document was written to inform the content and actions of this National Plan by presenting the strength of the evidence across the lifespan and in key settings. It will be an invaluable tool for engaging with stakeholders, both within and outside of the health sector, as part of the development of this National Plan as it makes the case for action to address the social and economic determinants of mental health, as well as the more individual-level determinants.

Mental health is fundamental to good health and quality of life. Positive mental health is a resource for everyday life which allows us to manage our lives successfully and contributes to the functioning of individuals, families, communities and society. Mental health promotion targets the whole population and focuses on enabling and achieving positive mental health. The need to promote positive mental health as an integral part of improving overall health and wellbeing is becoming increasingly recognised in Ireland. With a review of *Vision for Change: National Mental Health Policy (2006)* about to commence, as well as a significant focus on promoting positive mental health within *'Connecting for Life',* it is an important time for change in the area of mental health in Ireland. The change we are pursuing is an increase in focus on mental health promotion and prevention and to enhance support and capacity for this important work.

In addition, Wellbeing and Mental Health is also a key policy priority programme in the Healthy Ireland in the Health Services Implementation Plan (2015-2017). It is my hope that this Guidance Document will facilitate actions to promote Wellbeing and Mental Health within Healthy Ireland implementation plans, which will be delivered through health service settings – Community Healthcare Organisations and Hospital groups. By developing this document within HSE Health Promotion and Improvement, we have set out to provide a starting point from which to work from, with the understanding that promoting positive mental health is work that requires significant engagement and consultation with many stakeholders, both within and outside of the health sector.

I would like to thank Anne Sheridan and Teresa McElhinney, the authors of this document. I would also like to thank colleagues within HSE Health Promotion and Improvement for their contributions to the development of this document and to Susan Kenny, National Office Suicide Prevention for her review and feedback. A special thanks to Professor Margaret Barry, Centre for Health Promotion Research, NUI Galway for her review of the document.

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Introduction

In 2013, in response to the changing health and wellbeing profile of Ireland the Irish Government adopted the Healthy Ireland Framework. The aspiration of Healthy Ireland is to create a society where:

'Everyone can enjoy physical and mental health and wellbeing to their full potential; where wellbeing is valued and supported at every level of society and is everyone's responsibility'[1]

Mental health is fundamental to all aspects of wellbeing and mental health influences a wide range of outcomes both for individuals and communities.[2] The World Health Organisation (WHO) places mental health firmly on the European agenda citing its wide ranging influence on overall quality of life and prosperity.

'mental health and mental wellbeing are fundamental to the quality of life and productivity of individuals, families, communities and nations, enabling people to experience life as meaningful and to be creative and active citizens'.[3]

The importance of mental health is further strengthened in the WHO Global Action plan for mental health 2013 -2020[4] and the WHO European Mental Health Action Plan[5] which is aligned with the values and priorities of the new European policy framework for health and wellbeing, Health 2020, on which Healthy Ireland is also based.

This Guidance Document focuses specifically on the promotion of mental health and wellbeing and provides a rationale for mental health promotion across population groups and key settings. This approach means that mental health promotion is considered for the general population, recognising that we all have mental health needs. It also acknowledges that specific approaches are necessary for more vulnerable groups including those with mental health disorders.

There has been significant development of the evidence base for mental health promotion in recent years. This has manifested in a range of initiatives and programmes currently being led and supported by various organisations, including the HSE across the country. However, there is no strategic plan for mental health promotion. There is a need for a cross Government approach to ensure strategic

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[1] *Healthy Ireland: A Framework for Improved Health and Wellbeing, 2013-2025,* Department of Health

[2] Friedli, L. 2009. *Mental Health Resilience and Inequalities.* Copenhagen World Health Organisation

[3] *WHO Mental Health Declaration for Europe 2006*. WHO European Ministerial Conference on Mental Health: Facing the Challenges, Building Solutions, Helsinki, Finland, 14 January 2015

[4] World Health Organisation *Global Action plan for mental health,* 2013 -2020

[5] World Health Organisation *European Mental Health Action Plan,* 2013

direction so that the benefits of mental health promotion are experienced by everyone.

The determinants of mental health are varied including socio-economic factors, health behaviours, physical health and genetics. Therefore, an effective mental health promotion strategy/plan depends on participation and partnerships across all sectors and disciplines and collaboration in the provision of expertise and resources. We must aim to embed mental health promotion into a wide range of policy initiatives as well as that of the health sector, including social inclusion, neighbourhood re-generation, community development and workplace wellbeing.[6]

This Guidance Document provides a rationale for mental health promotion across population groups and key settings and aims to define mental health and wellbeing and the impact on overall health and life outcomes. Mental health promotion is considered for the general population, recognising that we all have mental health needs. It also acknowledges that a multi-sectoral approach is required to promote population mental health and wellbeing including specific approaches for vulnerable groups including those with mental health disorders. The objectives of the document are to:

- Define mental health and mental health promotion
- Make the case for investing in mental health promotion
- Place mental health promotion within the wider policy context
- Discuss the strength of the evidence across the lifespan and in key settings and highlight examples of existing practice in Ireland
- Present a framework for consideration in developing a National Mental Health Promotion plan.

The production of this document is a foundational step in the development of a national plan for mental health promotion in Ireland. It is envisaged that such a plan will outline a series of evidence based actions to promote positive mental health and mental wellbeing across the population and throughout the lifespan.

[6] *No Health Without Mental Health : A cross government mental health outcomes strategy for people of all ages* Department of Health UK 2012

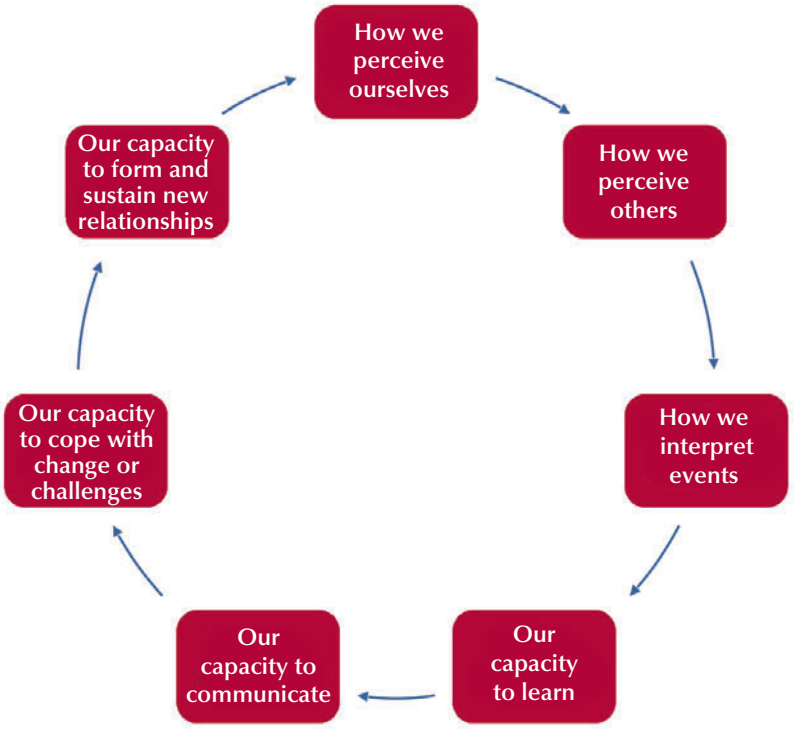
Chapter 1: What is Mental Health

Mental health is more than the absence of mental illness even though the term is often interpreted as referring to mental ill-health. WHO defines mental health as a;

'State of wellbeing in which the individual realises his or her abilities, copes with the normal stresses of life, works productively and fruitfully, and makes a contribution to his or her community'.[6a]

This description highlights the different aspects of positive mental health including subjective well-being, positive affect, the skills and abilities to manage life, realise one's potential and participate and contribute to society. It refers to the concept of resilience whereby individuals have the skills to function well in the face of adversity. Figure 1 demonstrates the influence and impact of mental health on our overall functioning and place in the world.

Figure 1. The Influence of Mental Health



[6a] *WHO Mental Health Declaration for Europe 2006*. WHO European Ministerial Conference on Mental Health: Facing the Challenges, Building Solutions, Helsinki, Finland, 14 January 2015

The concepts associated with mental health encompass:

- Positive Mental Health
- Resilience
- Mental wellbeing
- Mental Illness/disorders.

Positive Mental Health

This has been conceptualised as a subjective sense of wellbeing and feelings of happiness. It could be viewed as a personality trait encompassing concepts of self-esteem, sense of self control and resilience in the face of adversity and the capacity to cope with life's stressors. Positive mental health, therefore, focuses on positive health rather than illness and is underpinned by positive psychological concepts.[7]

Resilience

The capacity to confront and cope with life's challenges and to maintain wellbeing in the face of adversity is deemed as being resilient. This is not just inherent in the person but can also be influenced by 'upstream' interventions e.g. the types of services, resources and infrastructure needed to support individual and community resilience to enable people to feel good and function well. Resilience has been defined as 'the ability to respond to stress in healthy, constructive ways rather than being overcome by it and to ultimately return to homeostasis after facing challenges and adversity'[8]. Therefore, resilience is dynamic and involves the ability to respond over time to change in one's life.

Mental Wellbeing

The term *mental wellbeing* is increasingly used inter-changeably with *positive mental health*. The New Economics Foundation suggests that our mental wellbeing includes two elements;

1. ***Feeling good*** where we experience a range of emotions and feelings at an individual level,
2. ***Functioning well*** an element influenced by our interaction and engagement at a wider community level.[9]

It refers to individual wellbeing which includes;

- How satisfied we are with our lives,
- our sense that what we do in life is worthwhile,
- our day to day emotional experiences (happiness and anxiety),
- our wider mental wellbeing and the circumstances that promote.

[7] Seligman,M.& Csitszentmihalyi, (2000) Positive Psychology: an introduction. *American Psychologist* 55(1) 5-14

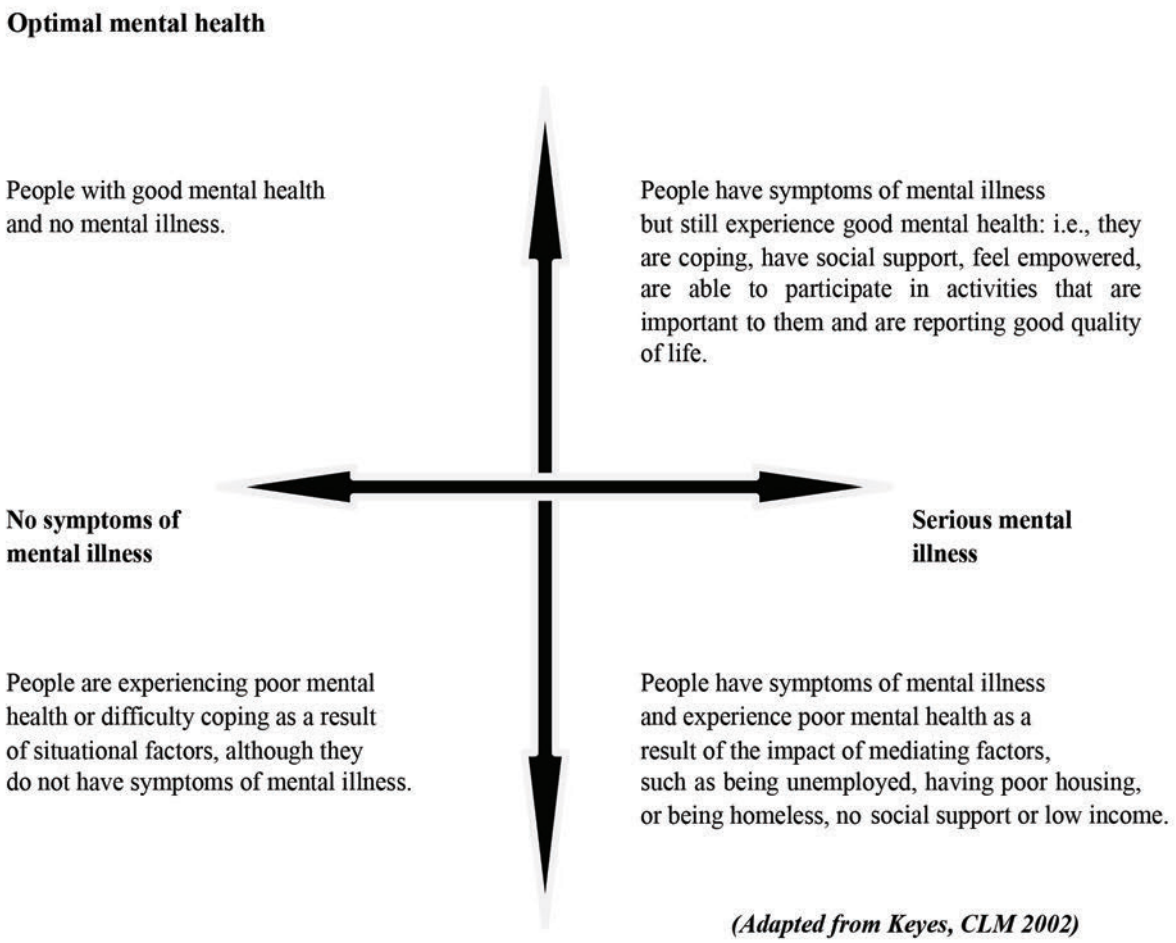
[8] Masten, A.S, Cutuli, J.J, Herbers, J.E, & Reed, M.J, (2009) Resilience in development. As referenced in *Re-imagining Wellbeing for Healthy Ireland,* Blaine, S., Censits,D., Feingold, J., Le Pertel, N. (2016) (Unpublished)

[9] New Economics Foundation, *National Accounts of Wellbeing* EU 2008

Mental Health Problems/Mental Health Disorders

These terms refer to symptoms which meet the threshold for a clinical diagnosis of mental illness or symptoms at a sub-clinical threshold which interfere with emotional, cognitive or social function. It is now accepted that mental health and mental ill health are not opposite ends of a single continuum but rather constitute distinct though correlated axes. Thus the absence of mental illness does not equal the presence of mental health and 'curing or eradicating mental illness will not guarantee a mentally healthy population'.[10] This means that a person can have a mental disorder but still flourish despite certain challenges or symptoms. It also means that the absence of a mental disorder does not necessarily indicate positive mental health because the person may still be experiencing challenges and having difficulty coping. See Figure 2. There is also a substantial body of evidence which shows that a population approach to improve universal levels of mental health also has a positive impact on the levels of common mental health problems.

Figure 2. An intersecting continua approach to mental health[11]



[10] *Outcomes Framework for Scotland's mental health improvement strategy* NHS Scotland 2010

[11] Keyes, CLM (2002) The Mental Health Continuum. *Journal of Health and Social Behaviour* 43;2 pp 207-222

Chapter 2: Mental Health and Wellbeing in Ireland

Various studies have aimed to measure the mental health and wellbeing of the whole population and of specific population groups within Ireland.

The SLAN 2007 Mental Health and Social Wellbeing Report[12]

This is the largest national survey to date (over 10,500 adult respondents) on the extent of both positive and negative mental health and social wellbeing in the Irish adult population. Key findings include:

- Most Irish adults have a reasonably high level of positive mental health,
- Evidence of a strong association between levels of positive mental health, gender and social and economic factors
- Men report higher levels of positive mental health than women as do younger counterparts in comparison to their older counterparts
- Respondents with higher incomes, higher education and in paid employment reported higher levels of positive mental health
- Lower levels of loneliness and higher levels of social support found to be associated with positive mental health
- Most Irish adults reported very high levels of 'quality of life'
- Lowest levels of quality of life were reported by those in the 45-64 age group, in the lowest income group and among those not in paid employment.

The findings from the SLAN report highlight the importance of the social and economic determinants of mental health, as well as the more individual-level determinants, and the need for integrated strategies and inter-sectoral policy initiatives that will address the key drivers of mental health and wellbeing which are outside the health sector. The findings also call for a greater emphasis on mental health promotion intervening at the level of strengthening individuals, strengthening communities and removing the structural barriers to mental health through initiatives to reduce poverty and social inequalities.

The Healthy Ireland Survey

The Healthy Ireland Survey[13] conducted in 2014/2015 interviewed 7,539 individuals aged 15yrs and over. Key findings include;

- Encouraging levels of good mental health recorded in the population aged 15 and over
- Higher levels of positive mental health is more likely among men than women and among 15-24 yr olds than those older

[12] Department of Health and Children SLAN 2007 *Mental Health and Social Wellbeing Report* (2009)

[13] Department of Health and Children, *Healthy Ireland Survey 2015* (2016)

- Probable mental health problems are indicated by 9% of the Irish population aged 15 and over. Probable mental health problems are more prevalent among women (13%) than men (6%) and also among those over 65 (12%) and 15 – 24 yr. olds (10%)
- Being more physically active (38%) and being financially secure (33%) are the changes most frequently selected towards improving health and wellbeing.

The European Social Survey

The European Social Survey gathers data from all European Union member states to present a comparative picture of the mental wellbeing of the populations of each of these countries. Each country is ranked on ten dimensions of wellbeing as well as an overall comprehensive ranking. The latest figures for this comparison are from 2012. Ireland is ranked 11th of the 21 countries surveyed. However, it is in the rankings of the 10 dimensions that a clearer picture can be gleaned and target areas for focus can be identified.

Table 1. Ireland's ranking on the 10 dimensions of psychological wellbeing within the European Union 2012 (NEF 2016)[14]

Dimension	Ireland's Ranking within 21 EU Countries
Competence	9th
Engagement	12th
Emotional Stability	11th
Meaning	6th
Optimism	4th
Positive Emotions	15th
Positive Relationships	15th
Resilience	9th
Self-Esteem	7th
Vitality	7th
Comprehensive Psychological Wellbeing (Overall ranking)	11th

While Ireland is ranked relatively high in relation to Optimism and Meaning, we fall to 15th when it comes to both Positive Emotions and Positive Relationships. This should be considered when determining the focus of mental wellbeing policy and initiatives.

[14] Looking Through the Kaleidoscope. University of London, University of Cambridge, NEF 2016

Levels of Suicide and Self harm in Ireland

The overall rate of suicide across all ages is lower in Ireland than the majority of European countries. In 2010, the measures of suicide in 31 European countries placed Ireland 11th lowest at 10.9 per 100,000. However Ireland's rate of youth suicide is 4th highest in Europe at 10.5 per 100,000. Connecting for Life, Ireland's National Strategy to Reduce Suicide, reported an increased rate of suicide between 2007 and 2011, particularly among males, with the highest age group dying by suicide being the 45-54 years old. A slight decrease in suicide has been reported since 2012, though it is still higher than it was prior to 2007.[15]

Self-harm can be described as any behaviour which an individual may use to intentionally hurt or harm themselves in some way including methods which could be fatal. There may or may not be a suicide intention and the behaviour may become a long term pattern. There is evidence to show that suicide or attempted suicide is often related to a history of on-going self-harm. As reported in Connecting For Life, in the 10 year period between 2003 and 2013, there were over 122,000 self-harm presentations to Irish hospitals. There has been a 12% decrease in the number of presentations since 2012. However levels of self-harm are still higher than prior to 2007 at the height of the Irish recession.

Youth Mental Health

The **My World**[16] study is the first national study on youth mental health in Ireland which provided a baseline on the mental health risk and protective factors of young people aged 12-25yrs. Almost 15,000 young people took part in the study which was undertaken by the UCD School of Psychology and Jigsaw.

- The majority of young people were found to functioning well across a variety of mental health indicators
- Mental health difficulties emerged in early adolescence and peaked in the late teens and early twenties. This peak was coupled with a decrease in in protective factors such as self –esteem, optimism and positive coping strategies
- Gender was seen to be both a risk and protective factor e.g. males consistently reported higher levels of self-esteem and satisfaction with life compared to females. But they also engaged in more risk-taking behaviour, including problem drinking, substance misuse, and violence towards others
- Females reported higher levels of social support and help seeking behaviour but also engaged in more avoidant coping strategies compared to males
- 'One Good Adult' is important in the mental wellbeing of young people
- Excessive drinking has very negative consequences for their mental health
- Experience of financial stress are strongly correlated to their mental wellbeing
- Rates of suicidal thoughts, self-harm and suicide attempts were found to be higher in young adults who did not seek help or talk about their problems.

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[15] *Connecting for Life; Ireland's National Strategy to Reduce Suicide* 2015-2020 (2015) Department of Health & Health Service Executive

[16] *The My World Study* UCD & Headstrong, (2012). National Survey of Youth Mental Health

- Talking about problems is associated with lower mental health distress and higher positive adjustment.

Mental Health of LGBT

The LGBT Ireland Report 2016[17] national study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex (LGBTI) people in Ireland, with a special emphasis on young people found that compared to the My World National Youth Mental Health study, LGBTI young people had:

- 2 times the level of self-harm
- 3 times the level of attempted suicide
- 4 times the level of severe/extremely severe stress, anxiety and depression

Recommendations from the study include;

- Reduce mental health risks and build resilience among LGBTI people
- Support the LGBTI community to flourish
- Protect and support LGBTI children and young people in schools
- Increase public understanding and change attitudes and behaviour
- Recognise the diverse needs within the LGBTI community
- Build the knowledge and skills of professionals and service providers.

Traveller Mental Health

The All Ireland Traveller Health Study (AITHS) 2013[18] was the first study of Traveller health status and health needs that involved all Travellers living on the island of Ireland which arose from a recommendation in the Department of Health and Children's National Traveller Health Strategy - 2002-2005.

Following the publication of the National Traveller Health Strategy, the Institute of Public Health was commissioned by the Department of Health and Children, and supported by Pavee Point, to undertake a comprehensive consultation process throughout Ireland to ascertain the views of Travellers, Traveller Organisations, the HSE and health personnel in relation to the scope and conduct of the AITHS.

The study aims were to examine the health status of Travellers, to assess the impact of the health services currently being provided and to identify the factors which influence mortality and health status. This study provides a framework for policy development and practice in relation to Travellers.

[17] *LGBTI Ireland Report* GLEN, Trinity College, HSE, NOSP (2016)

[18] *All Ireland Traveller Health Study,* Department of Health (2013) Dublin

The findings of the study highlights that the mental health status of travellers was significantly worse than that of the settled population. Key issues highlighted were:

- 11% of all traveller deaths is as a result of suicide
- The suicide rate for Traveller women is 6 times higher than for settled women
- The rate of suicide is 7 times higher for Traveller men than men in the settled community
- The rate of suicide is highest among young Traveller men aged 15-25 than other age groups
- 62.7% of Traveller women said their mental health was not good for one or more days in the last 30 days compared to 19.9% of GMS female card holders
- 59.4% of Traveller men said that their mental health was not good for one or more days in the last 30 days compared to 21.8% of GMS male card holders
- 56% of Travellers said that poor physical and mental health restricted their normal daily activities compared to 24% of the GMS population.

The "Young Pavees" report produced by Pavee Point in 2015 recommends that greater visibility is needed around mental health and depression in the Traveller community. It also highlights the necessity for positive mental health and coping mechanisms to be communicated to young people in early secondary education.[19]

[19] Young Pavees – *Their Mental Health Needs* (2015) Pavee Point Dublin Pavee Point Publications

Chapter 3: What is Mental Health Promotion

Mental Health Promotion is concerned with promoting the mental wellbeing of the general population including those at risk from, or experiencing mental health difficulties. It aims to strengthen the ability of individuals, families and communities to cope with stressful events that happen in their everyday lives and to reduce the factors that place individuals, families and communities at risk of diminished mental health. Mental health promotion also seeks to improve the everyday settings (homes, schools, communities and workplaces) where mental health is created, while also addressing the broader social, physical and economic environments that determine the mental health of populations and individuals especially those resulting in mental health inequalities. Mental health promotion works at three levels.

Figure 3. Framework for Mental Health Promotion

- **Strengthening individuals –** or increasing emotional resilience through interventions designed to promote self esteem, life and coping skills

- **Strengthening communities –** increasing social inclusion and participation, developing health and social services that support mental health, anti-bullying strategies in schools, workplace health, childcare and self-help networks and improving neighbourhood environments

- **Reducing structural barriers to mental health at a societal level –** through initiatives to reduce discrimination, stigma and inequalities and to promote access to education, meaningful employment, housing, services and support for those who are vulnerable.

Promoting Positive Mental Health and Wellbeing

The main approaches utilised in mental health promotion incorporate the prevention of mental ill health, the reduction of risk factors and the promotion of protective factors that are associated with mental health and wellbeing.

Prevention is an approach that aims to reduce the incidence, prevalence or seriousness of particular mental health problems, such as anxiety and depression. Primary prevention can be universal or target populations at risk. Secondary prevention focuses on early detection and treatment and tertiary prevention aims to reduce disability and enhance rehabilitation of people with mental disorders.

Risk and protective factors are those influences that promote and protect mental health and wellbeing and those associated with risk of poor mental health. In general, protective factors for positive mental health are:

1. Psycho-social, life and coping skills of individuals, e.g. increasing a sense of self-esteem and autonomy

2. Social support as a buffer against adverse life events, e.g. self-help groups, someone to talk to

3. Access to resources and services which protect mental wellbeing e.g. increasing benefit up-take and increasing opportunities for physical, creative and learning activities.

Table 2. Protective and Risk Factors potentially influencing the development of mental health problems and mental disorders in individuals[20]

Protective Factors	Risk Factors
• *Secure attachment*	*Childhood neglect*
• *Positive early childhood experience*	*Physical illness or disability*
• *Good physical health*	*Family History of psychiatric problems*
• *Resilience*	*Low self esteem*
• *Positive sense of self*	*Low social status*
• *Effective life and coping skills*	*Basic needs not being met*
• *Basic needs are being met*	*Separation and loss*
• *Opportunities to learn*	*Violence or abuse*
• *Positive Relationships*	*Substance misuse*
• *Social connectedness*	*Unemployment*
	Trauma

Mental health promotion aims to address ways of strengthening protective factors and reducing risk to factors at an individual, community and structural or policy level. Many risk factors for mental health problems, such as long term economic problems and the growing gap between rich and poor are difficult to address and are outside the remit of the health sector. The strength of evidence for protective and risk factors is particularly robust in relation to the impact of early childhood experiences, notably the importance of socio-economic circumstances that support warm,

[20] *Vision for Change, The Report of the Expert Group on Mental Health Policy,* (2008) Department of Health

affectionate parenting and strong family attachment.[21] Our national policy for children and young people, Better Outcomes, Brighter Futures, highlights the impact of early childhood on all aspects of health in the words of Professor Michael Marmot:

'The foundation for virtually every aspect of human development – physical, intellectual and emotional-are laid in early childhood. What happens in these early years (starting in the womb) has lifelong effects on many aspects of health and wellbeing'[22].

[21] Fonagy and Higgitt 2000 as referenced in *Making it effective: Radical Mentalities,* Dr Lynne Friedli Mentality 2003

[22] Marmot M. *Fair Society, Healthy Lives. The Marmot Review* (2010)

Chapter 4: The Case for Investing in Mental Health Promotion

The case for investing in mental health promotion extends across many domains of health and well-being. While focusing on the positive aspects of mental health, mental health promotion also has relevance across the entire spectrum of mental health interventions and includes creating supportive environments, reducing stigmatisation and discrimination and supporting the social and emotional wellbeing of service users and their families. The underlying principle of this approach is that mental health is an integral part of overall health and is therefore of relevance to all. Positive mental health contributes essentially to our ability to live healthy and flourishing lives. It is fundamental to our overall health and quality of life and this is recognised in the World Health Organisation (WHO) statement that 'there is no health without mental health'. Positive mental health has been shown to result in health, social and economic benefits for individuals, communities and the population.

The UK Department of Health commissioned a study to identify and analyse the costs and economic pay-offs of a range of evidence based mental health promotion interventions which reported that:

- Many interventions are outstandingly good value for money
- Although the scope for 'quick wins' in a short payback period is relatively limited a number of interventions studied were self-financing over time even from the narrow perspective of the NHS alone
- Many interventions have a broad range of pay offs, both within the public sector and more widely (such as better educational performance, improved employment/earnings and reduced crime)
- In some cases pay-offs are spread over many years, most obviously those programmes dealing with childhood mental health problems, which in the absence of intervention have a strong tendency to persist throughout childhood and adolescence into adult life. However, the scale of economic pay-offs from these interventions is generally such that their costs are fully recovered within a relatively short period of time.

This economic analyses showed that over and above the mental health and quality of life gains mental health promotion interventions also generate very significant economic benefits including savings in public expenditure.[23]

[23] Knapp, M., Mc Daid, D., Parsonage, M. Mental Health Promotion:The economic Case. Department of Health, London 2011

The benefits of mental health promotion include:[24]

- better physical health
- reductions in health-damaging behaviour
- greater educational achievement
- improved productivity
- higher incomes
- reduced absenteeism
- less crime
- more participation in community life
- improved overall functioning
- reduced morbidity

Reducing The Burden of Mental Health Problems

The prevalence of mental health problems is a growing concern worldwide. The WHO and the World Bank report[25] has drawn attention to the rise in mental health problems as major public health problem for the 21st century. It is predicted that by 2020 depression will be the biggest health problem in the developing world, and will be the second biggest cause of disease burden worldwide. Linked to this are the increasing levels of suicidal behaviour, especially completed suicides associated with the presence of both diagnosed and undiagnosed mental health problems.

Research in Ireland and internationally is increasingly pointing to the returns that can accrue from investing early. In the UK for example research has found that for every £1 invested in targeted interventions designed to catch problems early and prevent problems from re-occurring, between £7.60 and £9.20 worth of social value is generated.[26] The overall economic cost of mental health problems in Ireland has been estimated at just over €3 billion in 2006[27] which is equivalent to 2% of GNP. This figure includes just over €1 billion for the cost of healthcare, social care and other forms of direct care. The greater part of this €3 billion, however, stems from lost economic output, which amounts to over €2 billion, and comprises €1044.6 million due to non-employment and under-employment, €207 million due to premature mortality, and €751.1 million due to unpaid work. The bulk of the costs are located in the labour market as a result of lost employment, absenteeism, lost productivity and premature retirement. Costs to the health care system account for less than one quarter of overall costs.[28]

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[24] Friedli, L *Making it Happen; a guide to delivering mental health promotion:* (2003) Department of Health UK

[25] Murray CJL, Lopez AD (1999) *Global Burden of Disease*. World Health Organisation

[26] New Economics Foundation (2016) *Looking through the wellbeing kaleidoscope*. EU Social Survey London New Economics Foundation

[27] O Shea, E., and Kennelly, B (2008) *The Economics of Mental Health Care in Ireland.* Dublin: Mental Health Commission

[28] Ibid.O Shea, E and Kennelly, B (2008)

These estimates do not, of course, reflect the psychological suffering of individuals with mental illness, nor the psychological suffering experienced by their families and friends. Many mental health problems start early in life with half of those with lifetime mental health problems first experience of symptoms by the age of 14 and three quarters by their mid 20s. No other health condition matches mental ill health in the combined extent of prevalence, persistence and breadth of impact.[29]

There is growing awareness that beneficial outcomes are not just solely explained by or are the result of the absence of illness but are due wholly or in some degree to aspects of positive mental health. This evidence also informs the recovery agenda for those with mental illness with its focus on living a satisfying, hopeful and contributing life even with the limitations caused by illness.

Keyes reports data which indicates that some 50% of the general population are moderately mentally healthy, 17% are flourishing, 10% are languishing and 23% meet the criteria for a diagnosable mental disorder such as depression. He argues that compared to those who are flourishing, moderately mentally healthy and languishing adults have significant psychosocial impairment and poorer physical health, lower productivity and limitations to daily living.[30]

The case for investing in mental health promotion is often debated in terms of whether or not it can contribute to the prevention of mental illness. There is a body of evidence to show that it can contribute to the prevention of certain disorders e.g. anxiety, depression and substance mis-use. It can also contribute to health improvement for people whether or not they are at risk of mental illness, as well as for people living with mental health problems. Interventions to reduce workplace stress, to tackle bullying in schools, to increase access to green open spaces and reduce fear of crime all contribute to health gain through improving mental wellbeing, in addition to any impact they may have on preventing mental illness.[31] Mental health promotion also aims to create an environment in which people with mental health problems can live fulfilling lives.

Mental Health Impacts Physical Health

There is a substantial and growing body of evidence that demonstrates the impact of mental health on physical health to the extent that it has been suggested that initiatives which aim to promote physical wellbeing to the exclusion of mental and social wellbeing 'may be doomed to failure'.[32] In fact emotional wellbeing is recognised as a predictor of physical health at all ages.

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[29] *No health without mental health.* A Cross-Government mental health outcomes strategy for people of all ages. Department of Health UK (2011)

[30] Keyes, C.L.M. Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology* 73:539 - 548

[31] Friedli, L *Making it Happen; a guide to delivering mental health promotion:* (2003) Department of Health

[32] *Equal Minds;* National Programme for improving mental health and Wellbeing; (2005)Scottish Executive

'We are now beginning to recognise that people's social and psychological circumstances can seriously damage their health in the long term. Chronic anxiety, insecurity, low self esteem, social isolation and lack of control over work appear to undermine mental and physical health'[33]

Chapman, Perry and Strine[34] reported evidence from systematic reviews of population based research that there are moderate to strong prospective associations between depression, anxiety and coronary heart disease, Type 11 Diabetes, asthma and fatal and non-fatal stroke. Studies also support a strong association between mental disorder and risk factors for chronic diseases, such as smoking, reduced activity, poor diet, obesity and hypertension. In addition, studies of what has been called *'stress biology'* looks at the relationship between chronic stress and physical health. There is impact on the nervous system, the cardiovascular and the immune systems, influencing cholesterol levels, blood pressure, blood clotting, immunity and growth in childhood.

Studies in the UK have shown that the percentage of the population who are obese and the percentage of the population who smoke are also more likely to be among the populations who suffer from depression and/or anxiety or other mental health problems. In addition risk taking behaviours such as alcohol and drug misuse, smoking and unsafe sexual practices can sometimes be adopted as coping mechanisms to deal with mental health difficulties and emotional disturbances.[35]

Having a mental health problem increases the risk of physical ill health. No Health without mental health: a UK cross government mental health outcomes strategy[36] outlines the impact of mental health on physical health:

- Depression increases the risk of mortality by 50% and doubles the risk of coronary heart disease in adults
- People with mental health problems such as schizophrenia or bi-polar disorder die on average 16-25 years sooner than the general population
- They have higher rates of respiratory, cardiovascular and infectious diseases and of obesity, abnormal cholesterol levels and diabetes. They are less likely to benefit from mainstream screening and public health programmes

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[33] Brunner, E & Marmont, M.,(1999) *Social Organisation, Stress and Health* in Marmont MG & Wilkinson RG (Eds) The social determinants of health Oxford University Press Oxford

[34] Chapman DP, Perry GS, Strine TW. The vital link between chronic disease and depressive disorders. *Preventing Chronic Disease* Vol 2: No. 1, January 2005

[35] *Public Health Intervention Guidance,* National Institute for Health and Clinical Excellence 2007

[36] Friedli, L *No health without mental health. A Cross-government mental health outcomes strategy for people of all ages.* (2011) Department of Health UK

- Increased smoking is responsible for most of the excess mortality of people with severe mental health problems. Adults with mental health problems including those who misuse alcohol or drugs smoke 42% of all tobacco used in England. Over 40% of children who smoke have conduct and emotional disorders
- Mental health problems such as depression are more common in people with physical illness. Having both physical and mental health problems delays recovery from both.
- Children with a long term physical illness are twice as likely to suffer from emotional or conduct disorder problems
- People with one long term condition are two to three times more likely to develop depression than the rest of the population
- People with three or more conditions are seven times more likely to have depression.

Positive Mental Health Improves Physical Wellbeing

Improved mental health and wellbeing on the other hand, is associated with a range of better physical health outcomes for people of all ages and backgrounds.[37] These include:

- Potential for increased longevity, with studies showing a positive effect on mortality by increased lifetime of up to 7.5 years
- Improved physical functioning including cardiovascular performance, lower cholesterol, lower blood pressure and improved nervous system
- Reduced risk of stroke and increased survival rate
- Positive mental health is associated with reduced alcohol and tobacco consumption.

In addition positive mental health, and in particular, optimism has a significant impact on risk factors for chronic disease:[38]

- Positive mental health provides a protective factor against heart disease and studies show that absence of positive mental health increase the risk more significantly than smoking, high blood pressure and high cholesterol levels
- Having an optimistic outlook is associated with reduced levels of cardiovascular associated death
- Optimism and positive view of life is also associated with reduced frailty and greater physical wellbeing in older age[39]
- Having a positive perception that increasing physical activity and eating healthily are beneficial is more likely to result in an actual positive affect of such behaviour change.

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[37] Friedli, L. (2007). *Editorial Journal of Public Mental Health,* 6:2-5

[38] Crum AJ, & Langer,E (2007) Mind-set matters exercise and the Placebo effect. *Psychological Science* (18) 2 165-171

[39] Seligman, M. Positive Health. (2008) *Applied Psychology: An International Review* Vol 57:3-18

Mental Health and Physical Activity

The evidence for exercise/physical activity and mental health has grown over the past 30 years. According to Fox[40] there are four avenues through which physical activity has the potential to positively influence mental health:

- To improve the mental wellbeing of the general public
- To prevent the onset of mental health problems
- To improve the quality of life for people with mental health problems
- As a treatment or therapy for existing mental health problems.

There is now good evidence to support the 'feel good' impact of engaging in moderate levels of physical activity. Physically active people report higher levels of subjective wellbeing and taking part improves mood following the physical activity.[41] It is clear that physical activity helps people feel better about themselves and there is increasing evidence that physical activity can improve the quality and length of sleep in those with and without sleep problems. According to Friedli in *Making it Happen*[44], 'lower instances of mental health problems are generally reported among people who exercise regularly'. There is also evidence to strongly support the view that physical activity has a protective effect against the development of depression.[42]

It is now well accepted that the psychological quality of life and emotional wellbeing of people with mental health problems can be improved through regular physical activity. Several studies have documented positive psychological effects from physical activity, even when there is no improvement in symptoms. These benefits may take the form of emotional or mood improvements from single bouts of physical activity or improvements in self-esteem gained from mastery of new skills, taking personal control of an aspect of life, or social contacts made through regular group activity.[43] Promoting physical activity as a means of combatting the negative physical side effects of medication could reduce the physical effects of such treatments.

Physical activity in itself has emerged as an effective treatment especially for depression. Meta-analyses support the case that physical activity has a comparable level of effect on depression as that obtained from psychotherapeutic interventions. Evidence has also accumulated in relation to the anxiety-reducing effects of physical activity.[44]

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[40] Fox KR (2000) Physical activity and mental health promotion: the natural partnership *International Journal of mental Health Promotion* 2 (1): 4-12

[41] Biddle SJH (2000) Emotion, mood and physical activity referenced in *Making it Happen; a guide to delivering mental health promotion:* Department of Health 2003

[42] Mutri N (2000) The relationship between physical activity and clinically defined depression referenced in *Making it Happen; a guide to delivering mental health promotion:* Department of Health 2003

[43] Fox KR (2000a) Self esteem, self perceptions and exercise as referenced in *Making it Happen; a guide to delivering mental health promotion:* Department of Health 2003

[44] Friedli, L. *Making it Happen; a guide to delivering mental health promotion:* (2003) Department of Health UK

There is a compelling basis for integrating the mental health potential and benefits within the physical activity arena so that the gains are maximised across the population.

Mental Health Inequalities

It is widely accepted that socio-economic factors can have a direct and adverse effect on the well-being of the population. If you are poorer you are more likely to experience worse health and to die younger. Social inequality of all kinds contributes to mental ill health and in turn mental ill health can result in further inequality – e.g. worse outcomes in general health, morbidity and mortality rates, employment and housing for people with mental health problems.

The WHO Gulbenkian Foundation 2014 report on the Social Determinants of Mental Health provides a coherent framework for a life course approach for assessing the social determinants of mental health. Key messages from the report are:

- Mental health and many common mental disorders are shaped to a great extent by the social, economic, and physical environments in which people live

- Social inequalities are associated with increased risk of many common mental disorders taking action to improve the conditions of daily life from birth, during early childhood, at school age, during family building and working ages, and at older ages provides opportunities both to improve population mental health and/or reduce the risk of those mental disorders that are associated with social inequalities

- While comprehensive action across the life course is needed, scientific consensus is considerable that giving every child the best possible start will generate the greatest societal and mental health benefits

- Action needs to be universal and proportionate to need in order to level the social gradient in health outcomes.[45]

There are three main ways that inequality is important in mental health;

- People who experience inequality or discrimination in social or economic contexts have a higher risk of poor mental wellbeing and developing mental health problems

- People may experience inequality in access to, and experience of, and outcomes from services, and

- Mental health problems result in a broad range of further inequalities.[46]

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[45] World Health Organisation and Calouste Gulbenkian Foundation. Social Determinants of mental health. Geneva, World Health Organisation, 2014

[46] *No health without mental health; a cross government mental health outcomes strategy for people of all ages,* Dept of Health, UK, 2011

Social circumstances can cause long-term stress and continuing anxiety, low self-esteem, social isolation, lack of control over work and job prospects and can have a major impact on physical as well as mental health. How people feel (stressed, depressed, isolated, scared, excluded) has a direct effect on the immune system and cardiovascular system.[47]

Poverty and disadvantage may impact on physical health by affecting mental health, the experience of disadvantage and exclusion mediated through feelings of hopelessness, anxiety and powerlessness which lead to physical health consequences.

'It is not simply that poor material circumstances are harmful to health; the social meaning of being poor, unemployed, socially excluded or otherwise stigmatised also matters. As social beings we need not only good material conditions but, from early childhood onwards, we need to feel valued and appreciated. We need friends….more sociable societies…to feel useful….to exercise a significant degree of control over meaningful work. Without these we become more prone to depression, drug use, anxiety, hostility and feelings of hopelessness (which all rebound on physical health).[48]

The reality is that our most deprived communities have the poorest mental and physical health and wellbeing and findings from the SLAN 2007 Report clearly demonstrate a social gradient with respect to poor mental health in Ireland related to lower levels of social and economic status, lower levels of education and unemployment.[49]

People with enduring mental health problems experience intense inequality associated with their condition. They often have fewer qualifications, find it harder to both obtain and stay in work, have lower incomes, are more likely to be homeless or insecurely housed, and are more likely to live in areas of social deprivation according to *the UK cross government mental health outcomes strategy, No health without mental health*. This is further compounded by the stigma associated with mental illness.

People with enduring mental health problems die on average 20 years earlier than the general population. Explanations for this poor health record include the possible consequences of a psychiatric illness on lifestyle e.g. risk behaviours such as smoking, alcohol and substance misuse, poor diets, physical inactivity and obesity, though the reasons for this may be complex. However, this may also be compounded by lack of preventative action to address known risk factors for this population by health care providers. Several primary care studies have found that despite the higher than average GP consultation rates and that physical health risk factors being recorded in GP records, very few attempts to intervene were apparent.[50] It may also be the case that less health promotion activity is targeted at those with enduring mental health problems compared to what is available to the general population.

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[47] *Equal Minds;* National Programme for improving mental health and Wellbeing; Scottish Executive (2005)

[48] Ibid: *Equal Minds;* (2005)

[49] Department of Health and Children. SLAN 2007 Survey *Mental health and Social Wellbeing Report,* 2009

[50] Kendrick et al as referenced in *Equal Minds;* National Programme for improving mental health and Wellbeing; Scottish Executive (2005)

Gender based mental health inequality issues include women (greater risk of anxiety and eating disorders etc) and men (who are less likely to seek treatment for depression and have higher suicide rates). These inequalities are further reinforced when considering ethnicity, unemployment, socio economic status and rural isolation.

People who are more socially connected and have more social support enjoy better general health and suffer less from mental health problems. Mental health promotion can work at the socio-political level advocating for policies that reduce unemployment, improve schooling and housing and reduce stigma and discrimination. In this work the key agents are politicians, educators and members of government organisations. The task is to remind them of the evidence for the importance of these key variables.[51]

Stigma Damages Mental Health

Stigma and experiences of discrimination affect significant numbers of people with mental health problems. People with mental health problems have worse life chances than other people. Part of this at least is the direct result of the condition but a very large part is due to stigma and discrimination, ignorance and fear and people's negative attitudes towards them and their illness. Stigma can also affect the attitudes and behaviour of clinicians including mental health clinicians and can:

- Stop people seeking help
- Keep people isolated and unable to engage in ordinary life including activities that would promote their wellbeing
- Mean that support services have low expectations of people with mental health problems e.g. their ability to hold down a challenging job
- Stop people working, being educated, realising their potential and taking part in society.

See Change, the national mental health stigma reduction campaign in a recent national study found that whilst there is an increased awareness and understanding of mental health and mental health problems that there is also a greater reluctance today to be open and disclose information about a mental health problem in personal and professional relationships. 56% of respondents would not want others to know about their mental health problem and 28% would delay seeking treatment for fear of someone else knowing about their mental health problem.[52]

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[51] Goldberg.D, (1998):Jenkins, R, Ustun TB, eds; *Prevention of mental illness; mental health promotion in primary care.* Chichester, John Wiley; 141-1540 (42)

[52] See Change – The national mental health stigma reduction partnership; Irish attitudes towards mental health problems, 2012) *Health Promotion Practice,* March 2011, Vol. 12 No 2, 172 – 177 (43)

Chapter 5: Policy Context

International Mental Health Policy

In Europe and globally there has been an increasing recognition of the importance of mental health and wellbeing to overall health in recent years. The *WHO European Mental Health Declaration and Action Plan* (WHO 2005) and the *EC Mental Health Green Paper and Strategy* (European Commission, 2005) highlight 2 emerging themes;

1) The social and economic prosperity of Europe will depend on improving mental health and well being;

2) Promoting mental health will also deliver improved outcomes for people with mental health problems.

The purpose of the Green Paper was to launch a debate with the European Institutions, Governments, health professionals, stakeholders in other sectors, civil society, including patient organsations, and the research community about the relevance of mental health for the EU, the need for a strategy at EU level and its possible priorities. Following consultation and adoption of the Green Paper, a European pact for Mental Health and Wellbeing was launched in 2008. The European pact for Mental Health and Wellbeing, agreed that

'there is a need for a decisive political step to make mental health and wellbeing a 'key' priority and that the mental health and wellbeing of citizens and groups, including all age groups, different genders, ethnic origins and socio-economic groups, need to be promoted based on targeted interventions that take into account and are sensitive to the diversity of the European population.'[53]

In 2013 the Joint Action Mental Health and Wellbeing (JA MH-WB) was established under the EU-Health Programme and involved 25 Member States, as well as Iceland and Norway. The objective of the Joint Action is to contribute to the promotion of mental health and wellbeing, the prevention of mental health disorders and the improvement of care and social inclusion of people with mental health disorders in Europe, and it's main purpose is to build a framework for action in mental health policy at European level.

The Joint Action addressed issues related to the following areas:
- *Promotion of mental health at the workplace*
- *Promotion of mental health in schools*
- *Promoting action against depression and suicide and implementation of e-health approaches*
- *Developing community based and socially inclusive mental health care for people with severe mental disorders*
- *Promoting the integration of mental health in all policies.*

[53] EU Joint *Action on mental health and Wellbeing European Framework for Action on mental health and Wellbeing,* Brussels, 2016

The WHO European Mental Health Action Plan 2013 outlines seven objectives and actions that would achieve measurable outcomes in policy and/or implementation in Member States. The first objective is that *'Everyone has an equal opportunity to realise mental wellbeing throughout their lifespan, particularly those who are most vulnerable or at risk.*[54] The actions proposed for Member States under this objective includes actions across the lifespan, providing the 'best start', education and skills, employment, healthy places, healthy communities and dignity in old age.

The growing emphasis on the need for mental health promotion is both explicit and implicit in a very wide range of policy on health, education, culture, employment, crime, regeneration and social inclusion.[55]

'No health without mental health – a cross Government mental health outcomes strategy for people of all ages in the UK' identifies as a first objective that 'more people will have good mental health'.

In Scotland *'Towards a Flourishing Scotland; Policy and Action Plan'* mental health improvement was a key objective.

National Mental Health Policy

Healthy Ireland; A framework for improved Health and Wellbeing 2013- 2025(1)
The vision of Healthy Ireland is

'A healthy Ireland, where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued an supported at every level of society and is everyone's responsibility'

This understanding calls for a partnership cross government approach recognising that the determinants of health are impacted by policy decisions of government, choices people make about their lives and the participation of people in their communities. The Framework states that one of its goals is to 'reduce health inequalities' – citing WHO evidence that mental health problems are related to deprivation, poverty, inequality and other social and economic determinants of health.

The Healthy Ireland framework offers the potential for an interagency and interdepartmental approach to addressing determinants beyond the scope of the traditional health service that can advance mental health promotion and protection.
Strategic priorities for the HSE in the recently published **'Healthy Ireland in the Health Services,**

[54] World Health Organisation. *The European Mental Health Action Plan*. 2013

[55] Barry, M., & Friedli, L. *Making the most of ourselves in the 21st century;* UK Government's Foresight: project report (2008)

National Implementation Plan 2015-2017' include reducing the burden of chronic disease and improving staff health and wellbeing within the HSE. In terms of addressing the burden of chronic disease the promotion of wellbeing and mental health is identified as an area of 'greatest gain'.

Connecting for Life, Ireland's National Strategy to Reduce Suicide 2015-2020

Goal 1 aims 'to improve the nation's understanding of and attitudes to suicidal behaviour, mental health and wellbeing' and also includes an explicit action 'to develop and implement a national mental health and wellbeing promotion plan'. Connecting for Life also includes other actions supporting mental health and wellbeing promotion in schools etc. and the need to target priority groups.

Vision for Change (2006) National Mental Health Policy

An extensive number of specific recommendations in relation to mental health promotion are included in the government policy on mental health. They include the following;

- Mental health promotion programmes to be incorporated into all levels of mental health and health services
- Designated Health Promotion Officers with responsibility for mental health promotion
- Capacity building training on mental health promotion
- Schools, communities as a key settings for mental health promotion
- Targeted focus on children at risk.

Better Outcomes Brighter Futures, the National Policy Framework for Children and Young People 2014-2020

This policy Framework, seeks to improve all aspects of health and wellbeing, reduce risk taking behaviour in children, with a particular focus on promoting healthy behaviour and positive mental health. Whilst the first of the 5 national outcomes – 'active and healthy, physical and mental wellbeing' refers specifically to mental health and wellbeing the other 4 national outcomes both contribute to and are positively impacted by mental health and wellbeing.

National Drugs Strategy 2009-2016

The realisation of key actions in this strategy especially programmes focusing on the prevention of drug use and alcohol abuse can be strengthened through the integration of core mental health promotion skills.

The National Disability Strategy and Implementation Plan 2013-2015

This represents a whole-of-government approach to ensure the social inclusion of all people with disabilities. Four high level goals underpin the strategy, these are: Equal citizenship, independence and choice, participation, maximising potential, for all people across all populations who have a disability.

National Guidance Documents

'Get Ireland Active'- National Physical Activity Plan for Ireland

The aims of these guidelines launched by The Department of Health and Children and the HSE are to:

1. Highlight the importance of physical activity to the health of Irish people.
2. Outline the recommendations for physical activity for people of all ages and abilities.
3. Provide information to support those promoting physical activity in their everyday work.
4. Direct people to where they can access information and support to become more physically active.

The relationship between physical activity and mental health is strong which suggests the need for an integrated approach that includes a mental health focus in the implementation of the guidelines.

Wellbeing in Primary and Post Primary Schools – Guidelines for Mental Health Promotion and Suicide Prevention

The Department of Education and Skills and Health has published practical guidance for schools on how to promote mental health and wellbeing recognising the key role that schools can play in the promotion of positive mental health. The Guidelines promote a whole school approach to mental health and wellbeing and builds on existing policy and practice within schools e.g. Social and Personal Health Education (SPHE) curriculum, anti-bullying policies and student support teams.

National Men's Health Action Plan 2016-2020

This action plan aims to contribute to the implementation of priority programmes for Healthy Ireland including mental health with a particular emphasis on addressing health inequalities between different sub populations of men.

Investing in Families - Supporting Parents to Improve Outcomes for Children: National Guidance and Local Implementation

The Child and Family Agency developed this parenting support strategy to set out their role in supporting parents to improve outcomes for their children and young people. It outlines the key implementation principles to which the Child and Family Agency will adhere to in order to provide parenting support

All of the above policy contexts and studies can support and in turn be supported and strengthened by a national plan for mental health promotion.

HSE Policies and Strategies

National Service Plan 2016

The annual National Service Plan (NSP) sets out the type and volume of health and personal social services to be provided by the Health Service Executive (HSE) within the funding allocated by Government over the course of the year. A key priority for the Health and Wellbeing Division is to promote positive mental health and support the National Office for Suicide Prevention to implement relevant recommendations from Connecting for Life – Ireland's National Strategy to Reduce Suicide 2015–2050 with a particular focus on mental health promotion programme activities and partnership to improve community wellbeing.

Corporate Plan 2015 – 2017

Early in 2015 the HSE launched their Corporate Plan which outlines how the goals will be achieved to improve the health service over the three years 2015–2017. Delivery on the HSE vision of a 'high quality health service valued by all' is underpinned by five key goals the first of which is to promote health and wellbeing as part of everything we do so that people will be healthier.

Health Services – the People strategy 2015-2018: Leaders in People Services

The People Strategy aims to offer a cohesive framework for leadership, management and the development of all staff providing an environment conducive to wellbeing and continued learning. The People Strategy is fundamental to the wider health reform and focuses on all services for all of the health system. It identifies the following people management priorities:

- Leadership and Culture
- Staff Engagement
- Learning and Development
- Workforces Planning
- Evidence and Knowledge
- Performance
- Partnering.

Policy for Preventing and Managing Stress in the Workplace

This policy, which is consistent with the guidance provided by the Health and Safety Authority (HSA), the state agency with responsibility for promoting health and safety at work in Ireland provides strategies to prevent and manage workplace stress. The Safety, Health and Welfare At Work Act (2005) states that the HSE has a duty of care and must do what is reasonably practicable to provide a safe working environment for all employees. The HSE supports 'Healthy Workplaces Manage Stress', a pan-European campaign, coordinated by the European Agency for Safety and Health at Work.

Chapter 6: Promoting Mental Health and Wellbeing - The Evidence

There have been important advances in the development of a strong evidence base for mental health promotion in recent years which demonstrate the feasibility of implementing effective mental health promotion programmes across a range of diverse population groups and settings.[56] There is compelling evidence for investing in mental health promotion on the grounds of improving population health and wellbeing, reducing health and social inequalities, protecting human rights and improving efficiency and development.[57]

Interventions that are effectively implemented and integrated into health promotion and improvement strategies together with primary and secondary care delivery can result in lasting positive effects on a range of social and economic outcomes. There is growing acceptance that strategies focusing on curing mental ill health alone will not improve mental health at a population level. Mental health promotion and prevention strategies have been implemented in many countries globally as the *'most sustainable method of reducing the increasing burden of mental disorders and improving overall health and wellbeing.'*[58]

Barry and Jenkins[59] identify the characteristics of successful programmes which provide an evidence based steer from which to benchmark existing programmes and to inform the future development of programmes:

- A focused and targeted approach to programme planning, implementation and evaluation
- Programme development based on underpinning theory, research principles of efficacy and needs assessment
- Adopt a competence enhancement approach and an implementation process that are empowering, collaborative and participatory, carried out in partnerships with key stakeholders
- Address a range of protective and risk factors
- Employ a combination of intervention methods operating at different levels
- Comprehensive approaches that intervene at a number of different time periods rather than once off
- Include the provision of training and support mechanisms that will ensure high quality implementation and sustainability.

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[56] Barry, M.M and Jenkins,R *Implementing Mental Health Promotion* Churchill Livingstone (2007)

[57] Barry, MM and Peterson, I. *Promotion of Mental Health and Primary Prevention of Mental Disorders. An Evidence Brief* June 2014

[58] Ibid; Barry, MM and Peterson, I. June 2014

[59] Ibid: Barry, M.M and Jenkins,R (2007)

A recent Evidence Brief by Barry and Peterson prepared for the WHO involved the review of existing data bases and systematic reviews in high income countries and low and middle income countries and grading the evidence using a standardised grading system. They identified a number of 'best buys' for promoting mental health and preventing mental ill health across the lifespan and across different settings and delivery platforms. 'Best buys' are understood as interventions for which there is not only evidence of their cost-effectiveness but also evidence of their feasibility in relation to capacity to deliver. 'Good buys' are interventions that do not meet all the criteria but are recommended based on best available evidence.[60]

Friedli, in her presentation at the National Mental Health Improvement Network Open Forum, Edinburgh 2010 identified the 'best buys' in mental health promotion as follows:

- Supporting family life especially parenting, home learning environment/reading **8:1 return**
- Supporting lifelong learning ; health promoting schools and continuing education **25-40:1 return** (cost benefit analysis in the UK indicated that providing opportunities for women to move from no qualification to basic qualification saves 230m per year based simply on reducing depression in women)
- Improving work: employment/workplace **up to 30% savings**
- Promoting mental health assets (diet, physical activity, sensible drinking) and social support/integration **cost effective**
- Supporting communities: environmental improvements and justice (befriending, volunteering, community development, time banks) **very promising.**

In 2011, The Department of Health, UK published a report by Martin Knapp, David Mc Daid and Michael Parsonage from the London School of Economics and Political Science which made the economic case for mental health promotion.[61] The report presents the key findings of a project based on the detailed analysis of fifteen different interventions where there was strong evidence in the literature of their effectiveness in improving mental health or wellbeing. Findings of this report will be referred to in the following 'life stage' and 'settings' approach to mental health promotion.

The evidence base for the following population life stages are explored – early years, school going children and young people, older people and the settings of primary care, workplace and community. The evidence base for mental health promotion for mental health service users is also outlined. In each case the evidence base is referred to rather than presented in detail and it is not an exhaustive list of the evidence base.

The 'At a Glance' tables outline key evidence based programmes and identifies a range of examples of programmes and initiatives in Ireland which could contribute to a strategic plan for mental health

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[60] Barry, M 7 Peterson, I, *Promotion of Mental Health and Primary Prevention of Mental Disorders; Priorities for Implementation,* June 2014

[61] Knapp,M., Mc Daid, D., and Parsonage,M., *Mental health Promotion and prevention: The economic case.* The London School of Economics and Political Science, Department of Health, 2011

promotion. However, most of the programmes referred to are not available countrywide and methods of evaluation may not be comparable. Implementation and scale-ability are key considerations for future planning. For now, more work is needed to map programmes according to the evidence of effectiveness, extent of evaluation, geographical reach and target population.

Early years; Children and Families

A healthy start to life is critical to a child's overall functioning and development through life. There is particularly strong evidence in relation to the impact of early childhood experiences, notably the importance of socio-economic circumstances that support warm affectionate parenting and strong family attachment.[62] Positive parenting can act as a buffer against adversity and social support from at least one warm, caring adult is recognised protective in relation to a wide range of adversities. Furthermore, interventions that promote resilience in children under five help those children to do well in spite of adversity.

Interventions in the following areas are considered to have the most significant impact on improving the mental health of children and preventing or ameliorating early symptoms of mental health difficulties:

- Strengthening child /carer relationship
- Improving toddler language skills and impulse control
- Home visits and social support for new parents
- Improving parenting skills
- Opportunities for child centred learning.

Evidence based programmes include;

- ***Pre-school development programmes*** combined home visits, full time day care to enhance language and cognitive development and parent support group demonstrated positive effects at follow up at 21 years of age. Economic analyses of pre-school programmes indicate a benefit to cost ratio as large as 17.6 to 1.[63] Books for babies programme in Ireland found that inviting parents with very low literacy to develop their own stories around the books had the same positive cognitive and emotional effects as other parent- child interactions with books.

- ***Home visiting programmes*** for first time mothers beginning in pregnancy and continuing for 2 years improve the physical and mental health needs of children and reduce physical maltreatment as well as significant social and economic benefits for the care giver. Important elements include parent support, education, work opportunities and social support.[64] Positive findings are particularly

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[62] Eurochild (2012) *Compendium of inspiring practices. Early intervention and prevention in family and parenting support.* Brussels Eurofound

[63] Knapp, M., Mc Daid, D., Parsonage, M (2011) *Mental Health Promotion and Prevention: The economic case.* London: London School of Economic and Political Science, Personal Social services unit.

[64] Avellar, S., Paulsell, D., Sama-Miller, E., & Del Grosso, P. (2014). *Home Visiting Evidence of Effectiveness Review: Executive Summary*. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Washington, DC.

evident for programmes that start antenatally are of high intensity, medium to long duration (follow-up to at least 12 months), and are designed for parents at higher risk, e.g. low-income parents, teenage parents, single parents and mothers coping with post-natal depression.[65]

- ***Health Visiting and reducing post natal depression:*** A range of UK trials with interventions provided by health visitors have been positive; women were more likely to recover fully after 3 months, targeted antenatal intervention with high-risk groups was shown to reduce the average time mothers spent in a depressed state; and a combination of screening and psychologically informed sessions with health visitors was clinically effective 6 and 12 months after childbirth.[66]

- ***Day Care*** for preschool children improves behavioural development, school achievement and the mother/child relationship with long term benefits of increased employment, lower teenage pregnancy, higher socio-economic status and decreased criminal behaviour. Most of the above programmes combine day care and a high quality curriculum with parent training or support.[67]

Promoting Parenting skills especially group-based training programmes can improve the mental health of both parents and children. Parenting is the single largest variable contributing to positive health outcomes for children, including accident rates, teenage pregnancy, substance misuse, truancy, school exclusion and under-achievement, child abuse, juvenile crime and mental health problems.[68] There is a robust base of international evidence from high quality studies that parenting interventions that incorporate social and emotional skills development lead to significant positive outcomes for both children and their parents, with those most at risk making the greatest gains.[69]

Barry and Jenkins outline the characteristics of good practice parenting support[70]

- Adopt empowerment approaches aimed at raising parents' confidence and self-esteem
- Broad based content
- Focus on individual and family interpersonal issues
- Focus on specific parenting skills
- Accessible to those most at risk.

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[65] Stewart-Brown, S.L., & Schrader-Mc Millan, A. (2011) *Parenting for mental health: what does the evidence say we need to do?* Report of Workpackage 2 of the DataPrev project. Health Promotion International, 26 Suppl 1, 10-28

[66] Knapp, M., Mc Daid, D., and Parsonage,M., *Mental health promotion and prevention: The economic case.* The London School of Economics and Political Science, Department of Health, 2011

[67] Tennant, R et al.(2007) A systematic review of reviews of interventions to promote mental health and prevent mental health problems in children and young people. *Journal of Public Mental Health,* Vol.6 (No.1). pp. 25-32

[68] Hoghughi (1998) referenced in Barry M and Jenkins , R *Implementing Mental Health Promotion* Churchill Livingstone (2007)

[69] Barry, M, Dowling, K. *A review of the evidence on enhancing psychosocial skills development in children and young people,* WHO Collaborating Centre for Health Promotion Research, Galway Sept 2015

[70] Barry M and Jenkins, R. Implementing *Mental Health Promotion* Churchill Livingstone (2007)

Table 3. At a glance; Sample of evidence based programmes and examples from Ireland

Intervention Area	Specific Approach	Evidence	International Programmes	Examples in Ireland
Infant and maternal mental health promotion and prevention of PND (Children 0-3yrs)	Home visiting programmes for new mothers and their babies and integrating MHP within routine pre and post natal care	Long Term positive impacts on infant development and maternal mental health and wellbeing Improved infant wellbeing and cognitive development and reduced behaviour problems. Improved maternal health and social functioning Improved parenting skills	Olds Pre-natal/Early Infancy Home Visitation by Nurses programme. Carolina Abecedarian Project.	• The Nurture Programme • Community Mothers • Lifestart • Public nursing service and dedicated Traveller provision • Antenatal education • Breastfeeding • Bookworm Babies reading schemes • Parent Plus early years programme • Spirals programme delivered by FRcs and Lifestart – group support programme for parents of children 0-3yrs • Incredible years
	Screening and prevention for women at risk of postnatal depression	Evidence on prevention of post natal depression		• PHN service Edinburgh Scale screening
Early childhood mental health development through pre-school education for (3-6yrs)	Access to pre-schools offering centre and home based interventions for children living in poverty, high quality education and parent support focusing on children's emotional, behavioural and social development and parents' parenting skills and mental wellbeing.	Long terms impacts of pre -school interventions on multiple risk and protective factors for children's mental health, academic and social functioning and improved school readiness	High Scope Pre-School Perry Pre-school programmes The Triple P Parenting Programme The Incredible Years Programme	• Free 1-2 years pre school • Parents Plus 1-5 • Targeted Lifestart programme up to 5 yrs • Incredible Years • Early bird programme • Advanced nurse practitioner to support early behaviour problems referred by PHNs • Triple P parenting programme targeted

School going children and young people

The importance of the school as a setting for promoting the mental health of children is recognised in the recent publication of Wellbeing in schools (2015) – Guidelines for suicide prevention and mental health promotion in Primary and Post Primary Schools. The school provides a powerful opportunity to reach young people and the school environment provides children and young people with the potential to promote their psychological, social and physical health. There is substantial evidence, backed up by several reviews of the evidence that mental health promotion programmes in schools, when implemented effectively, can produce long-terms benefits for young people including emotional and social functioning and improved academic performance.[71] [72] Comprehensive programmes that target multiple health outcomes in the context of a whole school approach seem to be the most effective strategies. Reviews of the evidence recommend comprehensive skills-based programmes that adopt a whole school approach, employing universal and targeted interventions that create supportive school environments and cater for the needs of all children in a school.[73]

Barry and Jenkins[74] identify the characteristics of programmes associated with effective outcomes as:

- Aimed at the promotion of mental health rather than the prevention of mental health problems
- Implemented continuously and long terms in nature ie more than a year
- Included changes to the school climate rather than brief class-based prevention programmes
- Went beyond the classroom and provided opportunities for applying the learned skill
- Replicated positive behavioural implementation in different sites and sustained them over time
- Adopted a health-promoting schools approach focusing on aspects of the social and physical environment of the school, family and community links with the school, the school curriculum and pupils' knowledge
- Directed at school aged children in high risk groups to enhance coping skills and the development of social skills and good peer relationships
- Focusing on improving self -esteem, self-concept, and coping skills as a general approach as well as those focusing on specific life events.

The Collaborative for Academic, Social and Emotional Learning (CASEL) in the USA has defined five essential competencies for social and emotional learning (SEL) – self-awareness, self-management,

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[71] Durlak JA et al (2011) The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development,* 82, 405-432.Primary prevention mental health promotion programs for children and adolescents: a meta-analytic review *American Journal of Community Psychology* 25:115-152

[72] Clarke et al.,(2015). *What works in enhancing social and emotional skills development during childhood and adolescence? A review of the evidence on the effectiveness of school-based and out-of-school programmes in the UK*. WHO Collaborating Centre for Health Promotion Research, National University of Ireland Galway.

[73] Weare, K and Nind,M. (2011) Mental health promotion and problem prevention in schools; What does the evidence say? *Health Promotion International,* 26 (Suppl. 1), 26-69.

[74] Barry,M.M and Jenkins, R *Implementing Mental Health Promotion* Churchill Livingstone (2007)

social awareness, relationship management and responsible decision making. SEL programmes help children and young people to recognise and manage emotions, set and achieve positive goals, appreciate the perspectives of others, establish and maintain positive relationships, make responsible decisions and handle interpersonal situations constructively. International evidence shows that SEL participants demonstrate significantly improved social and emotional skills, attitudes, behaviour and academic performance.[75]

Evidence based programmes include:
Examples of successful school based programmes include;

- ***Zippy's Friends*** in Primary schools is a universal programme for children aged 5-8yrs designed to promote their coping skills and emotional wellbeing[76]
- ***Friends*** is a universal cognitive behavioural therapy programme designed to promote children's emotional resilience and manage anxiety which has a primary as well as a secondary school programme[77]
- ***PATHS*** is a whole school emotional literacy curriculum which promotes social and emotional thinking in primary school students[78]
- ***Positive Action*** is a social-emotional and character development programme for primary and second level schools children which includes a detailed curriculum, a school wide climate programme and family and community involvement components[79]
- ***Lions Quest for Adolescence*** is a multi-component life-skills education programme which unites educators, parents and community members in helping adolescents develop social skills and competencies for resistant drug use[80]

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[75] Knapp,M., Mc Daid, D., and Parsonage,M., *Mental health Promotion and prevention:The economic case*. The London School of Economics and Political Science, Department of Health, 2011

[76] Clarke, AM., Bunting, B., & Barry, M.M. (2014). Evaluating the implementation of a school based emotional wellbeing programme: a cluster randomised trial of Zippy's Friends for children in disadvantaged primary schools. *Health Education Research* doi:10.1093/her/cyu0472014. (2014)

[77] Barrett,P.M., Farrell, L.J., Ollendick, T.H., & Dadds, M. (2006). Long term outcomes of an Australian universal prevention of anxiety and depression symptoms in children and youth: an evaluation of the Friends program. *Journal of Clinical Child and Adolescent Psychology,* 35(3), 403-411.

[78] Greenberg M.T., Kusch, C.A., Cook,E.T., & Quamma, J.P. (1995). Promoting emotional competence in school aged children: The effects of the PATHS curriculum. *Development and psychopathology,* 7(01), 117-136.

[79] Lewis et al (2013a) Effects of Positive Action on the Emotional health of Urban Youth: A randomised controlled trial of Positive Action in Chicago. *American Journal of Preventive Medicine,* 44(6), 622-630

[80] Eisen, M, Zellman, G.L., & Murray, D.M. (2003). Evaluating the Lions-quest 'Skills for Adolescence' drug education programme:Second-year behaviour outcomes, *Addictive Behaviours,* 28(5), 883-879.

- ***Good Behaviour game*** is a universal team-based classroom behaviour management programme that aims to reduce aggressive/disruptive behaviour and improve child behaviour and learning as well as improve on existing teacher practices[81]
- The ***Everybody's Different Programme*** in Australia was successful in improving self-esteem and reducing body dissatisfaction in young people and altering weight control in behaviour in girls aged 11-14 yrs[82]
- The ***Partners for Life programme*** is a school based depression awareness programme in Quebec which has both raised awareness of depression as a risk factor for suicide and enabled many youth to be referred and treated for depression.

Parenting interventions: Parenting programmes can be targeted at parents of children with, or at risk of, developing conduct disorder, and are designed to improve parenting styles and parent-child relationships. Reviews have found parent training to have positive effects on children's behaviour, and that benefits remain one year later. Longer term studies show sustained effects but lack control groups.[83] Parenting programmes have been found to be cost-saving to the public sector and to the health service alone, over the long term with total gross savings over 25 years exceeding the average cost of the intervention by a factor of 8 to 1.[84]

School based bullying prevention interventions: Being bullied at school has adverse effects on both psychological wellbeing and educational attainment. There is evidence that this has a negative long term impact on employability and earnings: on average, lifetime earnings of a victim of bullying are reduced by around £50,000.[85] There is consensus that whole-school programmes with a range of components operating at different levels within the school are more effective in reducing the prevalence of bullying than curriculum based programmes.

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[81] Kellam et al, (2014) the impact of the Good Behaviour game, a universal classroom based preventive intervention in first and second grades, on high risk sexual behaviours and drug abuse and dependence disorders in young adulthood. *Prevention Science, 15 (Suppl 1),* S6-S18

[82] O'Dea, J. and Abraham, S. (1999) Improving the body image, eating attitudes and behaviours of young male and female adolescents: a new educational approach which focuses on self-esteem. *Journal of Abnormal Psychology*. 99:3-15.

[83] Knapp,M., Mc Daid, D., and Parsonage, M., *Mental health promotion and prevention: The economic case*. The London School of Economics and Political Science, Department of Health, 2011

[84] Friedli,L, Parsonage M (2007) *Mental Health Promotion; Building an Economic Case*. Belfast; Northern Ireland Association for Mental Health

[85] Hummel et al (2009) Cost-effectiveness of universal interventions which aim to promote emotional and social wellbeing in secondary schools. ScHARR, University of Sheffield referenced in Knapp,M., Mc Daid, D., and Parsonage, M., *Mental health Promotion and prevention: The economic case*. The London School of Economics and Political Science, Department of Health, 2011

Out of School programmes

According to a recent review of evidence by Barry and Dowling (2015) there are a large number of innovative out of school youth programmes that enhance young people's social and emotional skills and which show positive outcomes for young people, including improved self-esteem, social skills, reduced behaviour problems and greater engagement in school and society.[86]

Examples include;

Big Brother Big Sisters mentoring programme which matched a volunteer adult mentor to an at-risk child or adolescent to reduce anti-social behaviours, improve academic success, attitudes and behaviours, improve peer and family relationships, strengthen self-concept and provide social and cultural enrichment.[87]

[86] Barry,M.,& Dowling, K. (2015) *A review of the evidence on enhancing psychosocial skills development in children and young people*. WHO Collaborating Centre for Health Promotion Research, National University of Ireland Galway

[87] Grossman, J.B., & Tierney, J.P. (1998). Does mentoring work? An impact study of the Big Brothers Big Sisters program. *Evaluation Review,* 22(3), 403-426.

Table 4. At a glance; Sample of evidence based programmes and examples from Ireland

Intervention Area	Specific Approach/Action	Evidence	International Programmes	Examples in Ireland
Develop young people's life skills and resilience through school based interventions for school going children and adolescents. Bullying prevention.	Universal social and emotional learning (SEL) delivered through school based Life skills programmes in primary and post primary schools. Whole school approach. Targeted interventions which enhance resilience, cognitive and coping skills for children at increased risk of depression and anxiety.	Improved social and emotional functioning, academic performance and social wellbeing Improved emotional resilience and anxiety management	Zippy's Friends. Friends for Life. Good Behaviour Game. Lifeskills Training. Mind Matters. Friends Programmes. Everybody's Different. Bullying prevention programme (Olweus). Partners for Life. RAP (Resourceful Adolescent Programme) The Decider Lifeskills and Skills programmes	SPHE Curriculum Healthy Schools Initiative Zippys' friends Mindout Friends Programmes LGBT Safe and supportive Schools Cool Schools Mindout for out of school sector Working things out The Decider Lifeskills programme
Parenting and family strengthening programmes for children and adolescents (3 – 16 yrs).	Universal and targeted parenting/ family strengthening programmes which enhance parenting and family communication skills for promoting children's development.	Impact positively on child emotional and behavioural adjustment especially for families of children with conduct disorders.	Strengthening Families Programme Incredible years Triple P	Strengthening Families Programme Incredible years Triple P
Out of school multi-component interventions for young people. Youth Mentoring programme.	Empowerment programmes for young people/ young adults. Adult volunteer matched with an at-risk child or adolescent.	Positive impact on mental health. Reduce anti-social behaviours, improve academic success, attitudes and behaviours, peer and family relationships, strengthen self-concept provides social and cultural enrichment	Big brother Big sister	National youth health Programme MindOut Youth service provision Garda diversion projects Neighbourhood youth projects LGBTI support groups Youth Councils Big Brother Big Sister

Older People

Good mental health and wellbeing are as important for older people as for any other age group. Good physical health, meaningful activities and secure and supportive relationships all contribute to good mental health and quality of life for older people just as they do for any age. The population of older people is increasing and the number of people over 80 will continue to increase. Many programmes promoting the mental health with the general population should also be available to older people e.g. those promoting participation, social support, physical activity etc. Changing attitudes and raising expectations so that old age is not understood as inevitably involving poor health, poverty and dependency is an important aspect of supporting wellbeing and quality of life of older people.

Depression in people over 65 and over is under diagnosed and this is particularly true for residents of care homes. Kirby et al[88] noted that unless elderly people with depression have concomitant symptoms of anxiety they are less likely to receive treatment in primary care and that improved detection and diagnosis of depression could reduce much suffering and prevent a proportion of suicides.[89]

Strategies for promoting the mental health of older people may also need to address age discrimination and low expectations for the mental health of older people among health professionals and within older people themselves. The potential added benefits of mental health on physical health are particularly important for this age group e.g. reduced risk of cardiovascular disease, protection against and recovery from stroke. Men and women who scored highest in a survey on emotional health were twice as likely to be alive by the study's end. The link between subjective feelings of happiness and good health held even after controlling for chronic disease, drinking habits, weight, sex and education.[90]

Evidence based interventions include:

- ***Self-help, telephone support, support network***s to reduce social isolation and loneliness e.g. bereavement support, Widow to widow groups[91]

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[88] Kirby M, et al (1999) in *Mental Health Promotion Strategy and Action Plan* 2005-2010, North Western Health Board

[89] Pearson J.l. and Brown GK (2000) in *Mental Health Promotion Strategy and Action Plan* 2005-2010, NWHB

[90] Goodwin J S (2000) Glass half full attitude promotes health in old age *Journal of the American Geriatrics Society* 48: 473-478

[91] Silverman. P,R., (1988) *Widow-to-widow: a mutual help program for the widowed.* In (Eds) Price RH, Cowen EL, Lorion RP & Ramos-McKay J. 14 ounces of prevention: A casebook for practitioners. Washington: American Psychological society.

- ***Interventions to increase physical activity*** e.g. walking, dancing, gardening, swimming etc as the benefits of physical activity include lower rates of all-cause mortality and improved cognitive function[92]
- ***Volunteering*** increases wellbeing and reduces depression in older people who receive visits or peer support from an older volunteer[93]
- Home visiting by Public Health Nurses that offer health promotion and preventative care including frail elderly people[94]
- Interventions to reduce alcohol related harm such as brief interventions
- Reducing fear of crime and increasing feelings of trust and safety
- Early detection of depression and dementia- reduced symptoms and suicide.[95]

Table 5. At a Glance: Sample of evidence based programmes and examples from Ireland

Intervention Area	Specific Approach/Action	Evidence	International Programmes	Examples in Ireland
Self-help, telephone support, support net-works	Telephone support, peer support,	Reduces social isolation and loneliness	Social prescribing	Good Morning initiatives Senior Helpline Social Prescribing initiatives Go4Life Programme
Physical activity	Physical activity programmes in nursing homes	Improves physical health and wellbeing	Go4Life programme Falls Prevention	Falls prevention programmes
Bereavement support	Peer support and mutual help	Non stigmatising Reduction in emotional distress	Widow to Widow programme	
Early detection of depression and dementia	GPs trained in early detection	Can reduce suicide		

[92] Li,F et al. (2001) *Enhancing the psychological wellbeing of elderly individuals through Tai Chi exercise: A latent growth curve analysis*. Structural Equation Modelling, 8(1): 53:83

[93] Musick, M.A., Wilson, J. (2002). *Volunteering and depression: the role of psychological and social resources in different age groups*. Social Science & medicine 56; 259-269

[94] Elkan et al.(2001) *Effectiveness of home based support for older people: systematic review and meta-analysis*. British Medical journal 323:719-725

[95] Shapiro, A., Taylor, M. (2002) *Effects of a community based early intervention program on the subjective wellbeing, institutionalisation and mortality of low income elders*. Gerontologist, 4293): 334-341

Mental Health Service Users

People with mental health problems are among the most deprived and vulnerable population groups with poorer physical health and significantly raised mortality rates than the general population.[96] Some of the increased health risks include cardiovascular disease, respiratory infections, diabetes, hepatitis C, obesity, malignancy and trauma. Medications are a factor in they often affect appetite, gastrointestinal function and the absorption and metabolism of nutrients which can result in excessive weight gain. People with mental health problems are less likely to be offered health checks and health promotion interventions despite attending primary care services more regularly.[97]

People with mental health disorders consistently identify stigma, discrimination and social exclusion as major barriers to their health, wellbeing and quality of life.[98] Exclusion from employment opportunities, good quality housing, social participation and lack of control and influence in how services are designed and delivered have been identified as contributing to the sense of isolation experienced by people with mental health problems.[99] This requires mental health services to adopt a psychosocial model of service delivery designed to build clients' capacities and personal and social resources for living through increased service user participation and expectations of recovery and positive outcomes.

Evidence based interventions include;

- ***Mental Health First Aid -*** an 8 week course which helps participants understand and respond to signs of mental health distress and substance use disorders. A review of randomised controlled trials found the following statistically significant benefits 5-6 months post-training: improved concordance with health professionals about treatments, improved helping behaviour, greater confidence in providing help to others and decreased social distance from people with mental disorders. Only one trial evaluated the mental health benefits to participants and this found positive effects.[100]

- ***Stigma reduction -*** effective public education programmes and campaigns to raise awareness can extend from mass media campaigns to local events involving information distribution, workshops and community drama and community models of participation.

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[96] *Making It Effective, A guide to evidence based mental health promotion,* Briefing paper 1, Mentality (2003)

[97] *Making It Effective, A guide to evidence based mental health promotion*, Briefing paper 1, Mentality (2003)

[98] Mental Health Foundation (1999) *Strategies for Living: report of user led research into people's strategies for living with mental distress*. London: Mental Health Foundation.

[99] Barry,M., & Jenkins, R. *Implementing Mental Health Promotion* Churchill Livingstone (2007)

[100] Kitchener, B.A., Jorm, A.F., (2006) Mental health first aid training – review of evaluation studies. Aust NZ *Journal of Psychiatry*. 40 (1) 6-8.

- ***Annual physical health check*** including referral to smoking cessation services and other health promotion programmes[101]

- ***Physical activity -*** there is robust evidence that physical activity can be used as a treatment or therapy for people with mental health problems and that it can improve the quality of life for people with mental health problems.[102]

- ***Early intervention*** especially in first episode psychosis reduce the duration of untreated psychosis, provide comprehensive early treatment in the first episode of psychosis, reduce the duration of active psychosis and promote recovery, community involvement and quality of life.[103] The Early Psychosis Prevention and Intervention Centre Programme (EPPIC) has been evaluated with positive results including;
  - better outcomes including social and role functioning
  - reduced trauma associated with hospitalisation
  - reduced hospital stay and medication.[104]

- ***Recovery focused services*** which include the active involvement of service users in their treatment and care and adopts a holistic model of care i.e. addressing the physical, mental, emotional and spiritual aspects of people in their social setting. The ability to make choices about services and how best they should be delivered, together with taking control for their own lives, has been highlighted by service users as being critical to their recovery. There is an emerging body of re search on recovery and mental health promotion through special programmes engaging mental health service users as peer counsellors and recruiting users and family members in programme delivery.[105]

- ***Spirituality –*** a growing number of studies emphasise the importance of spiritual beliefs and the value of support from faith communities for people with mental health problems[106]

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[101] Friedli, L., & Daedis, C. (20020 Not all in the mind: user perspectives in physical health needs. *Journal of Mental Health Promotion* 1 (1) 36-46

[102] Fox, K.R (2000). Physical activity and mental health promotion: the natural partnership. *International Journal of Mental Health Promotion* 2(1): 4-12.168

[103] Mc Gorry P.,D. 2005 Early intervention in psychotic disorders ;beyond debate to solving problems. *British Journal of Psychiatry* 187 (Suppl 48):108-110

[104] Ibid: Mc Gorry P.,D. 2005

[105] Drake et al.(2001) Implementing evidence based practices in routine mental health service settings *Psychiatric Services* 52: 179-182

[106] Mental Health Foundation (2000) *Strategies for Living: report of user led research into people's strategies for living with mental distress* London: Mental Health Foundation

- ***Creativity –*** creative activity has positive mental health benefits and can provide a sense of purpose and meaning and improved quality of life.

- ***Social support -*** active participation in support and user groups has a wide range of mental health benefits for people with mental health problems.

- ***Supported employment –*** improving and increasing access to employment for those with mental health problems is important. There is evidence to show that with the right kind of help, people with serious mental health problems can successfully get and keep work. A Cochrane systematic review found that those with severe mental illness who received supported employment were two or three times more likely to be in competitive employment at 12 months.[107] The evidence demonstrates that 'place then train' models are more effective than traditional models such as vocational training and sheltered work.

[107] Crowther, R., Marshall, M., Bond, G.R., Huxley, P. Vocational rehabilitation for people with severe mental illness, The Cochrane Library, 2010

Table 6. At a Glance: Sample of evidence based programmes and examples from Ireland

Intervention Area	Specific Approach/Action	Evidence	International Programmes	Examples in Ireland
Stigma reduction	National social marketing campaigns	Reduces stigma, promotes positive attitudes	World Mental Health Day See Me Scotland campaign Like Minds New Zealand Stamp out Stigma, USA	See Change campaign #littlethings
Awareness of signs and symptoms and how to respond	Group based courses	Improves knowledge and awareness	Mental Health First Aid Defeat Depression Campaign Depression awareness Research Project EPPIC Programme Stress Control	Mental Health First Aid Jigsaw Suicide Crisis Assessment Nursing service (SCAN)
Early intervention	Education, assessment and intervention	Reduces the duration of mental health distress and promotes recovery promotes recovery and quality of life	Service user and survivor participation in service planning and delivery e.g. Sunshine Coast Programme	Early intervention in psychosis clinical care programme Stress Control
Recovery Focused Services	Focus on building strengths, recovery, hope, informed choice, dignity and responsibility	Reduces depression in carers and promotes quality of life and participation of service users	Self help groups e.g Hearing voices	Advancing Recovery in Ireland (ARI) Aware, GROW
Social Support Physical Health checks	Carers support and service user support Annual check by GP	Improves physical health and reduces morbidity and mortality	Comprehensive support programme for spouse carers of Alzheimer's disease	Alzheimer's support groups

Primary Care

Primary care has an important role to play in promoting the mental health of individuals, families and communities. As a setting it has the advantage of being an accessible community based service delivered by health workers who know the local community. It offers a non-stigmatising service with links to the health service and community based organisations and groups. The majority of mental health problems are managed within primary care and a high percentage of presenting problems are psycho-social.

Physical illness is also important to consider because it increases the risk of mental health problems. For example, compared to the general population, people with long terms conditions including diabetes, hypertension and coronary artery disease have double the rate of depression[108] and those with chronic obstructive pulmonary disease, cerebre-vascular disease and other chronic conditions have triple the rate.[109] People with two or more long term physical conditions are seven times more likely to have depression.[110]

Primary care therefore has therefore a crucial role in promoting the mental and physical wellbeing of people with physical health problems and mental health problems as well the general population.

Evidence based interventions include;

- ***Brief intervention for alcohol misuse*** reduces excessive alcohol use by an average of 12.3% per individual. There is also a robust economic case supporting that this intervention is good value for money in reducing alcohol related harm.[111]
- ***Exercise prescription*** by GP and Green Gyms – a range of physical and mental health benefits including reduced and prevention of depression and anxiety, enhanced mood and improved self-esteem and cognitive functioning.[112]
- ***Self help and support networks and volunteering –*** Social support reduces death rates, susceptibility to infection and depression, notably in older people.[113] Primary Care can strengthen access to self-help and support networks by ensuring good links between primary health care and sources of information and support in the community.

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[108] NICE (2009) Depression in adults with a chronic physical health problem :treatment and management

[109] Ibid: NICE (2009)

[110] Ibid: NICE (2009)

[111] Knapp, M., Mc Daid, D., Parsonage, M. (2011) *Mental Health Promotion; The Economic Case*. London School of Economics and Political Science. Department of Health, UK.,

[112] Fox, K.R.,(2000)Physical activity and mental health promotion; the natural partnership *International Journal of Mental Health Promotion* 21): 4-12

[113] Cohen, S.(ed) (1997) *Measuring stress: a guide for health and social scientists* Oxford: Oxford University Press

- ***Social prescribing*** as a mechanism to link people to non-medical sources of support within the community results in enhanced self-esteem, reduced low mood, opportunities for social contact, increased self-efficacy and greater confidence. It can also reduce social exclusion for disadvantaged, isolated and vulnerable individuals and for people with severe and enduring mental health problems.[114]

Table 7. At a glance; Sample of evidence based programmes and examples from Ireland

Intervention	Specific Approach/Action	Evidence	International Programmes	Examples in Ireland
Primary health care professionals trained in opportunistic mental health promotion and interventions in adults and older people	Screening and brief intervention for problem drinkers	Reduction in harmful use can prevent a number of chronic diseases	Primary care professionals trained in brief intervention	
	Recognition and treatment of mental disorders particularly depression by GPs	Reduces suicide rates		
	Brief passive-psycho-educational interventions for depression and psychological distress	Can reduce symptoms	Bibliotherapy	Your Good Self Books for health programme
Exercise prescription	Exercise referral	Physical and mental health benefits, prevents and reduces depression, enhances mood and self esteem	Balance of Life Programme	Green Gyms GP Exercise Referral Scheme Community Walking programmes
Self-help, support networks, volunteering	Referral to community based supports	Reduces depression and anxiety and improves wellbeing	Social prescribing and Community referrals for mental health in Scotland Links Project	Clare Local Sports Partnership Older Adults programme Social Prescribing initiatives

[114] Grant, C. Goodenough, T., Harvey I., & Hine, C. A randomised controlled trial and economic evaluation of a referrals facilitator between primary care and the voluntary sector. *British Medical Journal* 2000: 320:419-23

Workplace

The workplace is a key setting for promoting the mental health of the adult population. Work in general is good for both mental and physical health. Work provides not only financial security but can also be a significantly source of personal identity, self-esteem, time structure, social recognition, relationships and participation in a collective effort that contributes to society. Mental health promotion in the workplace has a wide range of social and health benefits and can also contribute to improved productivity.[115] On the other hand mental health problems at work such as job-related stress, depression and anxiety contribute to reduced productivity, low job satisfaction, absence from work and increased health care costs. Work related stress is increasingly recognised as being damaging to people's mental health and many organisations have introduced individual and organisational level strategies and policies to protect employee's mental health and reduce the negative impacts of stress.

Unemployment and poor quality employment such as employment with no or short-term contracts, and jobs with low reward and control at work, have significant harmful impacts on mental health.[116] The Institute of Health Equity report on health impacts of economic downturns, describes evidence suggesting close associations between job loss and symptoms of depression and anxiety and demonstrated that these impacts are particularly clear for long term unemployed. This suggests that strategies to reduce long term unemployment will be particularly important in reducing risk to mental health disorder in adults.[117]

The links between unemployment and negative mental and physical health are well established. Not only does unemployment have a detrimental effect on health, a clear link is noticeable even among employed people between the grade of employment on the one hand and mortality and morbidity on the other hand. This relationship seems to be explained by the higher levels of control, challenge and support enjoyed in higher grades of work.[118] Features of working life which are known to promote mental health and wellbeing include:

- Being valued at work
- Having meaningful work
- Being able to make decisions on issues that affect you
- Being adequately trained for the work that you do
- Having the resources you need to do the work

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[115] Barry,M.M and Jenkins,R *Implementing Mental Health Promotion* Churchill Livingstone (2007)

[116] World **Health** Organization and Calouste Gulbenkian Foundation. *Social determinants of mental health.* Geneva, World **Health** Organization, **2014.**

[117] Marmot review Team. *Fair society, healthy lives: strategic review of health inequalities in England post 2010* London: Marmot review; 2010 (updated 2012)

[118] *Mental health promotion strategy and action plan,* North Western Health Board 2005-2010

- Having a job that is well designed ie not overloaded
- Having work that is well organised in terms of work schedules and time off European Commission's publication in 2014 *'Promoting mental health in the workplace – Guidance to implementing a comprehensive approach.'*

The European Agency for Safety and Health at Work launched a two year campaign 'Healthy Workplaces Manage Stress (2014-2015) which aimed to raise awareness of the growing problem of work related stress and psycho-social risks and enhance practical skills to prevent and manage them successfully across European workplaces.

The European Commission's publication in 2014 *'Promoting mental health in the workplace – Guidance to implementing a comprehensive approach'* provides a business case of 10 reasons why managers across Europe should take a proactive approach to mental health and wellbeing in the workplace:

1. Mental health problems and illness are rising through Europe
2. They are an ever increasing cause of absence amongst employees in Europe
3. The costs of mental ill health are longer than those from other ill health causes
4. changes in the nature of work are leading to higher stress and more mental health related problems
5. The workplace is a particularly useful setting to intervene to promote good mental health
6. Good quality work promotes good mental health and wellbeing
7. Managing psychosocial risks at work is required by legislation
8. Managing return to work is increasingly the responsibility of/beneficial to employers in many countries
9. Interventions to improve mental health and wellbeing at work help employers to meet the principles of the social contract
10. Interventions targeted at the individual to improve mental health and wellbeing are cost effective.[119]

Aspects of the workplace with relevance to mental health promotion include;
- Health and safety
- Equal opportunities
- Bullying and harassment
- Work/life balance
- Terms and conditions of employment
- Performance management and pay.[120]

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[119] Wynne, R., De Broeck, V., Stavtoula, L., Houtman, I & Mc Daid, D.(2014) *Promoting mental health in the workplace. Guidance to implementing a comprehensive approach.* European Commission.

[120] Friedli, L. *Making it happen a guide to delivering mental health promotion,* Department of Health 2003

Evidence based interventions include;

Integration of mental health promotion into workplace Health and Safety Policies have mental health and socio economic benefits ie cost savings for both the business and health systems due to improved psychological health, reduced levels of sickness absence and increased productivity.[121]

Addressing effort/reward imbalance through training, promotion opportunities and psychological options. Raising the profile of low status jobs and improving public attitudes through media campaigns may work. Staff should be consulted as to the rewards they would value particularly where financial rewards are not possible.

Social support. Enhancing social support within the workplace for people working in a stressful environment helps reduce mental health problems among employees.[122]

Bullying and harassment: Effective interventions targeting bullying require explicit policies and procedures, support from line management, an understood grievance procedure and a workplace culture that challenges and is intolerant of bullying.[123]

Stress: Strategies focused at the individual may include stress management training, stress inoculation training, social skills training, social support, training in time management and encouraging staff to enhance balance between home and work life. Lifestyle and health promotion interventions such as physical activity appear to be effective in reducing anxiety, depression and psychosomatic distress but do not necessarily alter the link between the stressor and the experience of psychological strain.[124] Organisational interventions may include structural changes and psychological changes such as social support, increased participation and control over work.

Unemployment: Effective programmes recognise job loss as a strong antecedent of depression and aim to promote re-employment and combat feelings of helplessness, depression and anxiety.[125]

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[121] Barry, M.& Peterson,I. *Promotion of mental health and primary prevention of mental disorders: Priorities for Implementation,* An Evidence Brief (2014)

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[123] Quine.L. (1999) Workplace bullying in NHS Community Trust: staff questionnaire BMJ 318:228-232

[124] Barry,M and Jenkins, R *Implementing mental health promotion,* Churchill Livingstone 2007

[125] Price, RH.,Van Ryn M., Vinokur, AD. (1992) Impact of a preventive job search intervention on the likelihood of depression among the unemployed *Journal of health and social behaviour* 33:158-167)

Table 8. At a Glance: Sample of evidence based programmes and examples from Ireland

Intervention	Specific Approach/Action	Evidence	International Programmes	Examples in Ireland
Staff social support	Individual and group based support.	Increased coping skills, enhanced mental health and job satisfaction, reduced staff turnover.	The Caregiver support programme	
Stress	Individual supports and large group training.	Increased coping skills to deal with and prevent stress related problems such as anxiety and depression.	Stress Control	Stress Control Mindfulness training
Bullying and harassment	Policy & practice.	Prevention of bullying.	JOBS Programme The Tyohon Program	Dignity at work
Prevention of long term unemployment	Job search skills programme including psychological inoculation against setbacks.	Re-employment in better paid jobs, reduced mental health problems and increased mastery.		Winning New Opportunities programme

Community

The community is a recognised and powerful setting for mental health promotion because communities comprise a range of organisations, groups and services each of which may provide potential for delivering mental health promotion across a wide range of population groups and settings. A community perspective recognises the important role that various organisations outside of the health sector can play in promoting positive mental health. The principals of community development including community participation, engagement and empowerment are fully aligned with the cornerstones of a health promotion approach as outlined in the Ottawa Charter, WHO 1986.

Social inclusion is also a key aim of a community development approach as is the building of social capital which is the invisible glue that binds communities together, gives them a shared sense of identity and enables them to work together for mutual benefit.[126] Research on social capital and

[126] *Mental Health Promotion Strategy and Action plan,* North Western Health Board 2000-2005

inequality points to the importance of community cohesion, such as levels of trust, reciprocity and participation in civic organisations, as important influences on health status.[127] In this way community initiatives aimed at building social capital, seeking to strengthen community networks and increasing participation by excluded groups have an important contribution to make in mental health promotion.[128]

Community approaches facilitate the development of multi stakeholder partnerships to address the broader determinants of mental health and through initiatives and programmes targeting the whole community can avoid the stigma and negative labelling associated with programme targeted at specific groups e.g. those at higher risk of mental health problems.

Evidence based interventions include;

Arts and Creativity: Particularly positive outcomes for individuals with mental health problems and may also be effective in improving quality of life for the general population in that they provide opportunities for creative self-expression, pride in achievement, connectedness to others and increased self-confidence.[129]

Access to green open spaces: important benefits for mental and physical health (may influence the incidence of depression) especially in built urban areas.[130]

Shared public spaces: providing opportunities for people to 'stop and chat' building social support.

Social Connectedness: Being socially connected is an important protective factor in maintaining good physical and mental health, and this is the case for people across all ages.[131]

Reducing fear of crime: community development and building social capital.[132]

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[127] Friedli, L. *Making it effective: a guide to evidence based mental health promotion.* (2003) Radical mentalities – briefing paper 1, Mentality: London.

[128] Margaret M Barry & Rachel Jenkins *Implementing Mental Health Promotion,* Churchill Livingstone 2007 P 87.

[129] Ibid: Friedli, L.(2003)

[130] Weich et al. Mental health and the built environment: cross sectional survey of individual and contextual risk factors for depression *British Journal of Psychiatry* 2002, 180 (5) 428-433

[131] *Healthy Ireland. A framework for improved health and wellbeing* 2013 – 2025, Department of Health

[132] Nottingham Social Action Research Project(2002) Centre for Social Action, De Montfort University, Leicester

Stress workshops for the general public: Large scale stress workshops are effective in reaching people whose problems are not picked up in primary care and they reduce anxiety, distress, promote coping skills and may be as effective as individual cognitive therapy.[133]

Stigma reduction & public awareness campaigns: e.g. social marketing campaigns can reduce stigma and promote positive attitudes and understanding of mental health.

Table 9. At a Glance: Sample of evidence based programmes and examples from Ireland

Intervention	Specific Approach/Action	Evidence	International Programmes	Examples in Ireland
Arts and Creativity	Individuals taking part in creative and arts activities	Increased self-esteem, self-worth and identity. Reduction in anxiety, depression and feelings of hopelessness Social inclusion.	Arts on Prescription	Create-a-link
Stress Workshops	Group based training	Reduces anxiety, distress, promotes coping skills.	Stress Control	Stress Control
Public awareness	Social marketing campaigns	Increased positive awareness.	See me', 'Open doors' 'You in mind'	See Change #Little things
Social connectedness	Referral to community based supports	Reduces anxiety and depression, enhances wellbeing.	Social Prescribing/ Community Referral projects Men's Sheds	Social Prescribing projects Men's sheds Mojo projects Family Resource Centres Mental Health Framework

[133] Brown et al 2000 as referenced in *Making it Effective A guide to evidence based mental health promotion* 2003 Mentality

Chapter 7: Developing a National Plan for Mental Health Promotion

The promotion of mental health at a population level requires a whole of Government approach. Factors such as poverty, housing, employment, education, safety, neighbourhoods, cohesive and socially just societies are all recognised as impacting peoples' mental health. Creating a mentally healthy society will involve addressing these broader influences and working across diverse sectors to address the upstream determinants of mental health. For example, implementing policies and regulations on alcohol would positively impact on reducing harm resulting from harmful alcohol use. There needs to be political will and commitment to ensure that the necessary resources are put in place to enable effective policies and plans to be put into action. Developing a national mental health promotion plan needs to involve stakeholders across many different settings and sectors, who may have different and competing perspectives. The needs of vulnerable and at risk groups also need to be included.

Creating a Framework

Friedli In *'Making It Happen'* proposes a 10 step framework for the development of a national strategy.[134]

1. **Agreeing a vision and setting aims and objectives**
   - What does the strategy hope to achieve?
2. **Mapping existing initiatives**
   - Identifying gaps and duplication
3. **Identifying key settings and target groups**
   - Needs assessment to agree key settings and target groups
4. **Making the links with policy initiatives with supporting goals**
   - e.g. Healthy Ireland
5. **Identifying key stakeholders**
   - Whose commitment will be essential to delivery?
   - How will key stakeholders be involved and consulted?
   - What steps will be taken to involve service users, carers and local communities?
6. **Selecting interventions**
   - What are the chosen interventions, who are hey targeting in which setting?
7. **Finding the evidence to support the approach**
   - What strength of evidence is available to support the intervention selected?
8. **Establishing indicators of progress**
   - What indicators will demonstrate progress?

[134] Friedli, L. *Making it Happen; a guide to delivering mental health promotion:* (2003) Department of Health UK

9. Building in evaluation

- How will interventions/different components be evaluated?
- How will the overall plan be evaluated?

10. Identifying staffing and resource implications

- Does the present workforce (across all sectors) have the capacity to deliver the strategy?
- Have any skills/training/capacity development needs been identified?
- How will workforce skills/gaps be addressed?

Barry and Jenkins[135] present a framework for developing the infrastructure for promoting mental health:

- Establish a policy framework that provides a mandate for action
- Develop a strategic action plan which identifies priorities, key goals and objectives for action
- Coordinate an inter-sectoral and partnership approach to policy implementation at governmental, regional and local levels
- Invest in research to guide evidence-based mental health promotion policy and practice
- Invest in human, technical, financial and organisational resources to achieve priority actions and outcomes
- Support capacity building and training of the mental health promotion work-force to ensure effective practice and programme delivery
- Identify models of best practice and support the adoption and adaptation of high quality, effective and sustainable programmes, particularly those meeting the needs of disadvantaged groups
- Engage the participation of the wider community
- Put in place a system of monitoring policy implementation and impact
- Systematically evaluate programme process, impact, outcome and cost.

Mental health promotion is relevant to and involves a wide range of variables, including life stages, settings, interventions and approaches and populations. While there are certain approaches that are likely to have benefit across all of these domains, such as improving people's understanding of how we look after their mental health, there are also activities which are particular to one or more. A national mental health promotion plan needs to integrate with other health related policies on alcohol, substance misuse, physical activity, long term conditions and health inequalities and areas such as early years, education, older people, homelessness, poverty and social inclusion.

In setting strategic priorities for action it is important to focus on those areas which are likely to have the largest impact and where action is likely to be cumulative in supporting and reinforcing other Government priorities for action.

[135] Barry,M and Jenkins, R *Implementing mental health promotion,* Churchill Livingstone, 2007

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